VS-A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04380

CEDTIFICATE OF DEATH

		CERTI	FICAI	E OF DEATH		Reg.	Diat. No.	~~
1. PLACE OF DE	Washing			2. USUAL RESIDENCE (For newborn infants State Mar yl and				
How long in above place Hospital, institution, or Wash	e of death? r street address where of nington Cou	nty Hospital	t town)	City or townRural-K (If outside of	(If rural, give I	LOCATION)	***************************************	
	r Institution?			2.(a) If veleran, name war				
3. (a) FULL NAM	Dale Herm	an Abbott				3. (b) Sp	cial Security N None	umber
4. Sex Male	5. Coior or race White	6.(a) Single, married, widowed, or divo	orced	M. 2D. DATE OF DEATH	EDICAL CE			. 7:45 A
7. Birth date of	Sent.		,	21. I CERTIFY that death occur may 5	rred on the date abov	e stated; tha	Hoy 6	sed from 19. 4.7
8. AGE: Year	yr.) -	Days tf less than one day	min.	Immediate cause of death	ection	this		DURATION
	None	hington-Maryland		Due to	geros (ype	dix:	
12. Name	Austin Lanc Keedysville	elot Abbott , Md. R. F. D. #1 heHardy		Diher conditions	egnancy within 3 m	onths of dea	th)	
TV. IIITOI Mant IIII		heHardy ove, Maryland bbott		Aatopsy results PHYSICIAN: Please underlin		D	ate of op	
17. Burie J	n, or removal. Which?)	, Md. R. F. D. #1 Date thereof. May 9 (month) (day) rersville,	1947 (year)	22. VIOLENCE: If death was Accident, suicide, or homicide Where did injury occur?			Date of	
		rersville, Md Earnshaw		Injured at home, tarm, Industr Means of Injury	ry, public place (wh		red at work?	
1B. Funeral director Address	Keedy	sville, Md	ess!	23. SIGNATURE	Will	Jan	M. D. or	r other
19. (Date rec't by r	8, 1947 egistrar)	graff Jow	Registrar	Address Som	slow		Bate signed	76/47



			CER	TIFICA
County	pington gerstown side city or town line death? 30 creet address where dong ton Co	nits, write R Years leath occurred unty	ural and give n l: Hospita	earest town)
3. (a) FULL NAME				
WILLIAM				
Ma.le	5. Color or race White			or givorced
S.(b) Name of husband or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Marg.	E. Mil	ls
		6.(c) If alive, give age.	OO yea
deceased (mo., day, yr.)				
8. AGE: Years			It less than one	
1D. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace	Generalos. J. Bakersv Susan A Boonsbo	al Artz ille very ro Md	Md.	
16. Interment Mrs	. Marga	ret E	. Artz	
Address F	lagersto	wn Md	5/12/4	
17. Burial (Burial, cremation, commercy or crematory Location	Rest Hage	Haven rstow	Cemete n Md.	(day) (year)
Addrago	Hagerst	own .M	d.	
19. May (3 . 19 4 7	Ph	sette	o-wers/

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)						
	Maryland Washington Hagerstown						
	City or town (If outside city or town limits, write RURAL and give nearest town)						
	Sireet No. 14 So. Locust St.						
	(If rura), give LOCATION)						
	2.(a) It veleran, name war						
	3. (b) Social Security Number 214-09-8739						
1	MEDICAL CERTIFICATION Noon						
-	2D. DATE DF DEATH May 11 1947 19 21 13						
1	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from						
	Man 1 36 19 47 10 may 11 19 47						
	and that I last saw h 198 alive on many 10 19 167						
=	Immediate vause of death						
-	Que to asterio selevoso 5700-						
	Branchicetasis 53ps.						
	mageridial dumpersation zurho						
	Diher conditions						
-	(Include pregnancy within 3 months of death)						
-	Major fiedings of operations						
	Actopsy resolts						
-	22. VIOLENCE: It death was due to external causes, till in the following:						
	Accident, suicide, or homicide						
	Where did injury occur?						
	Injured al home, tarm, Industry, public place (where?)						
	Moans of Injury Injured at work?						
,	E + 7 (2 1 9 1 1)						
	23. SIGNATURE M. D. or other						
-	Address Hagesalous Md Date signed 5-12-47						

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correct age

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MAY 15 1947 ·

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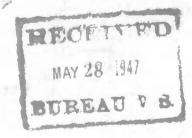
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MARYLAND STATE DEPARTMENT OF HEALTH 4

Dr. Victor Miller

CEDTICIOATE OF DEATH

			CERTI	r.ICA I	E OF DEATH	Reg	. Dist. No	202
1. PLACE OF DEA	Ington				2. USUAL PESIDENCE (HOM (For newborn infants give resident)			
City or town		State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)						
Hospital, Institution, or s	strøét address where de Intie.tam	St.			Street No. 21 E, Anti. (If ruro 2.(a) If veteran, name war. None.	etam St.	······································	
3. (a) FULL NAME		Name of Street					ocial Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divo	rced	MEDICA	L CERTIFIC	ATION	
Male	White	Ma	rried		20. DATE OF DEATH May 24	3	19.47	al 8: 00P
6.(b) Name of husband of husband of husband of husband of deceased (mo., day, yr		6.(c) If alive, give age	78 years	21. I CERTIFY That death occurred on the d	1947 10	5/2	194
8. AGE: Years	Months	Days	If less than one day		Immediate cause of death			DURATION
81	11	21	hrs	mln.	Carcinom	27.34	med	(2)
9. Birthplace	ownsville	Wa.	shington C	Co.Md.	Due to			***************************************
10. Usual occupation	Livery	Sta	ble Owner		Oue to			
11. Industry or business	Self E	Implo	yer					
当 12. Name			rnett		Other conditions	***************************************		
			rowe		(Include pregnancy with			
W 15. Birthplace	Downsvi	llle	Md.		major house, or operation			
		Le Ba	rnett	e.	Actores results			
Address H	agerstown				PHYSICIAN: Please noderline the cause 22. VIOLENCE: If death was due to exter			statisticany.
17. Burial (Burial, cremation,	or removal, Which?)		eof 5/27/47 (month) (day)	(year)	Accident, suicide, or homicide			
Cemetery or cremator	River	View	Cemetery	************	Where did injury occur?(City or			
			Md.		Injured at home, farm, Industry, public pl		ured at work?	_
			fm an	**************	Massas of Injury	31110	HEW AL WORK!	
-700	gerstown	110	1111	una A	23. SIGNATURE TO MILLIE		M. D. o	
19. (Date rec'd by reg	26, 1947	101	coff, roc	Registrar	Address 181 W. WASHINGTO)N, ST		



he correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

CERTIFICATE OF DEATH

04383 Reg. Diat. No. 304

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Maryland county Washington			
City or town	City or town			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No. Main Street (If rural, give LOCATION)			
Now long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number			
Georginia Higgs Seard 4. Sex 5. Color Frace 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
tenale White Widowed	20. DATE OF DEATH			
6.(b) Name of husband or wife Trank P. Beard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	Inne 1836, 10 5-16 1847			
7. Birth date of deceased (mo., day, yr.) JUNE 4, 1858	and that I last saw hold alive on			
8. AGE: Years Months Days If less than one day	Immedic cruse of death Duration Duration			
88 11 8				
9. Birthplace Hancock Wash. Co., Md. (Town, county, and atate)	Due to			
1D. Usual occupation. Housewife	Bue to			
11. Industry or business	0 4 3 1 1			
12. Name. Henry Higgs 13. Birthplace Buckeystown Fred. Co. Md.	Dither conditions.			
	(Include pregnancy within 8 months of death)			
14. Maiden name System Manning 15. Birthplace Mary Jand	Major findings of operations			
\$ 15. Birthplace Mary and	Date of op.			
16. Informant Frank R. Beard Jr.	Autopsy results.			
Address Hancock Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.			
17. Burial, cremation, or removal. Which?) Date thereof. May 12 1947. (munth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemelery or crematory St. Thomas Episcopal	Where did Injury occur?			
Location Hancock, Md	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Charles R. Bast	Means of injury injured at work?			
Address Daneock Md	Halast R Voling W. D.			
5/14/d4 (1.11. Hellon -	23. SIGNATURE M. D. or other			
19. (Date rec'd by registrar) Registrar	Address Acord Moate signed 15 - 14-96			

RECENTS POR MAY 16 1947

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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1 6	4.3			75	Cale
6.5	13	0	2	1	X

2411 1	N. C	harles	St.	Bal	timo
--------	------	--------	-----	-----	------

Reg. Diat. No. 302

1. PLACE OF DEATH: /// a a /	2. USUAL RESIDENCE (HOME) OF DECEASED: (Epr newborn infants give refidence of mother)
County Warring Carr	Makeland Thanking (ALL)
City or fown	State County County
How long in above place of death? 14 years	City or town
Hospital institution, or street address where death occurred:	Street No. 22816. Swathaw Street
230 16. Suchaw Sines	(If rura), eve LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
6 tentow Sener to	echtt 232-01-6028
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Males negro Married	20, DATE OF DEATH / 2 (may 1942 at 174 A. N
8 (b) Name of husband or wife Louise Beckett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O.Co. Hame of Husband of Miles	21 mars 1947 to 12 hay 1947
7. Birth date of	and that last saw h
deceased (mo., day, yr.)	Immediais cause of death
8. AGE: Years Months Days If less than one day	Commany was present 5 washer
26 8 //hrsmin.	(with andie wifespreading) 9200
9. Birthplace C Keritan Jirginia (Town, county, and atate)	Oue to Signalia 35 yrs =
La harried Thirthall the ductor	71
10. Usual occupation	Due to
11. Industry or business	Hen Ob > Cont. 5 C
12. Name Cheritan Beefeld 13. Birthplace Cheritan Virginia	Other conditions at the desire and the second at the secon
	(Include pregnancy within 3 months of death)
14. Malden name Vilginia James 15. Birthplace Cheritou Virginia	Major findings of operations.
2 15. Birthplace Cheristan Vergenia	Date of op.
16. Informant Mrs. Louise Beckett	Autopsy results
Address 330 no. suathow Street	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busial 5/15/47	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, eremation, or reproval. Which?) (month (fay) (year)	Accident, Suicide, or homicide
Cemetery or Frematory Rose Fell Cemelery	Where did Injury occur?
Location Hagerstown Md.	injured at home, farm, industry, public place (where?)
Wellann & Dames	Meens of Injury Injured af work?
18. Funeral director	117 4 1 10
Address 26 Gredrick Stagestown	23. SIGNIBURE () acomo WA-
" May 15, 167 thatthrowers,	The Produce of Cot tolor 1sther &
(Date rec'd by registrar) Registrar	Address Daje signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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e	(,	7	0	8	4

CERTIFICATE OF DEATH

	1.	The L	0	0	
Reg.	Dist	No	3	0	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State Maryland County Washington City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rursl, give LOCATION)
How long in hospitat or institution?	2.(a) If veieran, name war
3.(a) FULL NAME Kenneth William Bowers	3. (b) Social Security Number 214-49-6955
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 1947, 21 5 P. M.
6.(b) Name of husband or wife Nora Benner 6.(c) If alive, give age 40 years 7. Birth date of deceased (mo., day, yr.) May 6. 1906	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 19.47 and that last saw here. alive on may 1.54.
8. AGE: Years Months Oays If less than one day 40 11 26 hrsmin.	Melanoeaunoma 6 may
9. Birthplace Sharpsburg, Wash. Maryland 10. Usual occupation. Operated Filling Station 11. Industry or business Filling Station 12. Name. Samuel Bowers 13. Sirthplace Sharpsburg, Maryland 14. Maiden name. Elsie Colbert	Due to. Phinamany sinte on back. Solasfullake! Due to. Other conditions. (Include pregnancy within 3 months of death)
5 15. Birthplace Sharpsburg , Maryland	Major findings of operations. A malle was themself and an article grantes grantes grantes.
Address Sharpsburg, Maryland Burial Burial Burial (Burial, cremapon, or removal, Which?)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Mountain View Cemetery Location Sharpsburg Maryland 19 Financial director Edith V. Leaf	Whers did injury occur?
Address Williamsport, Maryland.	23. SIGNATURE D. W. Lellay M. W Address Boonslove Date signed 2/4)



V2.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

he correct age

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VS A15 9.4

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 8862

1. PLACE OF DEATH; Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 1004 Hamilton Blvd. How long in hospital or institution?			1004 Hamilton Blvd.			
3. (a) FULL NAM	E Lida	Bradley		3. (b) Social Security None	Number	
Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CE May 9, 1	ERTIFICATION 1947 19 9	90 P.W	
6.(b) Name of husband 7. Birth date of deceased (mo., day,	Decen	J. Bradley 6.(c) If allve, give age years 18, 1881	21. I CERTIFY that death occurred on the date abo May 19. and that I last saw here alive on 200	ove stated; that I aftended decided the state of the stat	eased from 9 4 7 7 7 19	
8. AGE: 65		21 If less than one dayhrsmin.	Immediate cause of death.		DURATION 3 Fors	
10. Usual occupation 11. Industry or busines	Home Soseph A.	Berkley W. Va County, and state) By W. Va Duties Englerth	Due to	rischrotie	Vuluvun	
14. Maiden name. 15. Birthplace 16. Informant	Susan Cohn J. Br	Penn.	(Include pregnancy within 8 r Major findings of operations	Date of op	•••••••••••	
17Buris (Burial, cremation	corpu Chan Fred W		22. VIOLENCE: If death was due to external cau	uses, fill in the following; Daie of (County)	(State)	
19. Date rec'd by re	10. 1947	Charlet Bowers,	23. SIGNATURE DALLARI MA	M. Dato signed	5=10.47	



NSA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

160C

04387

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Washington	(For newborn infants give residence of mother)
COUNTY TO THE PARTY OF THE PART	State Maryland Washington
City or town. Hagers town (If outside city or town limits, write RURAL and give nearest town)	Ho constant
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh?	Street No. 335 Ridge Avenue
	Unicol No.
Washington county nospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Terry Lee Brant	3. (b) Social Sacurity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	3'05'
	20. DATE OF DEATH May 19, 1947 19 3.05
	21. I CERTIFY that death occurred on the date above stated; that Pattended deceased from
6.(b) Name of husband or wife	Mary 19, 1947, 10 May 19, 1947
	101 .47
7. Birth dale of	and that I last say / Action alive on
accepton (mail any)	Immediate cause of death DURATION
8. AGE: Years Months Days If less Ihan one day	
15hrsmin.	But I Land 15 To
9. Birthplace	Due to unfecafiiled
10. Usual occupation None	
	Due Io
11. Industry or business	-
F 12 Name Gerald Brant	Diher conditions /www.
13. Birthplace Hagerstown, Md.	
	(Include pregnancy within 3 months of death)
14. Malden name Doratha Wyand	Major findings of operations. As afterations
14. Malden name Doratha Wyand 15. Birihplace Hagerstown, Md.	
El 15. Birthplace Indge 15 60 WII .	Date of op.
16. Informant Gerald Brant	Antopsy results. Als antepage
	PHYSICIAN. Please underline the cause to which death should be charged statistically.
Address 335 Ridge Avenue- Hagerstown,	22. VIOLENCE: If death was due to external causes fill in the tollowing;
Burial Nev 20-47	22. VIOLENCE: It death was due to external causes will in the tollowing,
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemelery or crematory. Rose mill cemetery	Where did injury occur?
Cemelery or crematory	(City or town) (County) (State)
Location Hagerstown, Md.	Injured al home, farm, industry, public place (where?)
	Magns of Injury Injured Twork?
18. Funeral director Fred W. Kraiss	
Address Hagerstown, Md.	Y Aug
7/40	23. SIGNATURE A TOUL
May 20, 47 Chasty Jovery	M. D. sa ether
19	1 Address trace storem Mrs Bate signed 5/20/47



VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Washington				
City or town	Hagerstown Md.				
How long in above place of death?	(If outside city or town Hmita, write RURAL and give nearest town)				
Hospital, Instillation, or street address where death occurred:	Street No. 221 S. Potomac				
12 Down Polmon & F	(If rural, give LOCATION)				
How long In hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Buleah Grace Brashears					
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White married	20. DATE OF DEATH. May 18 19 47 at 12 20 M				
6.(b) Name of husband or wife Thomas Walter Brashears	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from				
	May 18 1947, 10				
7. Birth date of	end that I tast saw he vally on May 18 19 47				
deceased (mo., day, yr.) July 19 1883	Immediate cause of death Ocute Cardiac DURATION				
8. AGE: Years Months Days If less than one day	Failure 10 min				
63 10 1hrsmin.					
9. Birihplace Sharpsburg Md (Town, county, and state)	Due to Cononany Occhisian?				
10. Usual occupationhousewife	Due to dupentensus Cardio 5 yr				
11. Industry or business home	Vascular disease				
算 12. Name George Grey	Other conditions Jeneralized anterio -				
	(Include pregnancy within 3 months of death)				
14. Maiden name. Pa 15. Birthplace					
Pa Pa	Major findings of operations.				
16. Informant Thomas Walter Brashears	Autopsy results				
Address 221SPotomac St Hagerstown Md					
Burial	22. VIOLENCE: tf death was due to external causes, fill in the following;				
(Burial, cremation, or removal, Which?) Cale thereof. (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory	Where did injury occur?				
Location Sharpsburg Md	Injured at home, farm, Industry, public place (where?)				
	Meens of Injury injured at work?				
18. Funeral director Edith V. Leaf	00 1100 11110				
Address Williamsport Md	Mary Karant I. J. (amphall Mr.).				
MAN ZO 47 to WASH BOWERS!	23. SIGNATURE M. D. or other				
19. (Date rec'd by registrar) Registrar	Address Kagenslaum Md Date signed Mary 19/47				

RECYCL VIPIDMAY 22 1947

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

04389

CERTIFICATE OF DEATH

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	- 6	- 5/1	" 3

- Dist No 303

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county washight Co.	(For newborn infants give residence of mother) State Ferma County Frankling
City or town	Variable Fa
Now long in above place of death? & days	(If outside city or town timits, write RURAL and give nearest town)
Mospital institution, or street address whore death occurred: Washington & Hasfield Stagenstones	Street No. Rurol R 2
	(If rural, givo LOCATION)
now tong in noggital or institution.	2.(a) 11 veteran, nams war. 900
3. (a) FULL NAME Charles a Break	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mile Mariel	20. DATE OF DEATH 5 6 19 47, 21 6 '53 M.M
B. (b) Name of husband or wife Lance Horly Brechies	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) tt alive, give ago	197/10.3/618.7/
7. 8 irth date of deceased (mo., day, yr.) Oct 21-1877	and that I last saw h Act alive on 5 6 19
8. AGE: Years Months Days It less than one day	Immediate cause of death ALLANDER DISCRETE 2 Long The
69 6 15 min.	E congestive failule
9. Birtholace Cumberland to Fai	Due to.
(Town, county, and state)	
10. Usual occupation Brown maker	Due to
11. Industry or business	
12. Name John Jorechles 13. Birthplace John	Other conditions
14. Maiden name Mary Storeffer	(Include pregnancy within 8 months of death)
14. Maiden name Mary Storeffer 15. Sirthplaco Perrica.	Major findings of operations.
Daniel 1 . W. B Oli V	Date of op.
Address Hickenstrum & R. 2	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 100 June 9 - 07	22. VIOLENCE: 11 death was due to external causes, fill in the toltowing:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemotery or Francis Grace Hill	Where did injury occur? (City or town) (County) (State)
Location Sheepyesloss ta.	Injured at home, farm, industry, public placs (where?)
18. Funeral director The Liniager	Means of Injury Injured at work?
Address Mercersburg, La.	2/1/10
10 May 8. 1947 Chast Bowers.	23. SIGNATURE D. O. or other
(Date regd by registrar) Registrar	Address Special State Signed State Signed State State State Signed State

HEALTH AND PROPERTY MADE WHAT THE HEALTH HE

HTCASO ROUGE ASSESSED

EXAMPLE CONTRACTOR DESIGNATIONS

HOUSE OF STREET, IN THE RE-

D reme

RECTIONS

MAY 10 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04391

Reg. Dist. No. 305

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	PF DECEASED:	
City or town Breathadsville Md. (If outside city or town limits, write RURAL and give nearest town)				State Maryland co	Wricester	
				City or town. Snow Hill Maryland (If outside city or town limits, write RURAL and give nearest town)		
			.7			
Hospital, Institution, or			: Males	Street No. Route #2, Box		
			/ 5 7	2.(a) It veteran, name war World	LOCATION)	
			f. P.1	2.(d) It veteran, name war		
3. (a) FULL NAME		Earl			3. (b) Social Security Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
merr e	negro		single	20. DATE OF DEATH MAY 22	* 19. 47, at 3:25 A M	
C (b) Name of busheed	www. gin	ol e	***************************************	21. I CERTIFY that death occurred on the date ab		
				5/2//4/19	19 7 7 19 19	
7. Birth date of) If alive, give ageyears	and that I last saw harmerive on	19	
deceased (mo., day, yr) Marc	h, 6,	1924 I it less than one day	Immediate cause of death	DURATION	
O. AGE.		16				
23			mln.	Dulmanany	Julitantine 1 fix	
9. Birthplace Sharon Hill Pas (Town, county, and state)			*a*a)	Due to.		
10. Usual occupationlaborar						
				Due to		
11. Industry or business						
				Dther conditions		
				(Include pregnancy within 8	months of death)	
E 14. Malden name No Record				Major findings of operations		
15. Birthplace	No Re	cord				
18 informant Md. State Reformatory for Males			ry for Males	Autopsy results.		
Breathedsville, Md.				PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
Audiens				22. VIOLENCE: If death was due to external car	uses, fill in the tollowing;	
17. Burial Date thereof 5/25/47 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Hutts Cemetery			tery	Where did injury occur?(City or town)	(County) (State)	
Location Snow Hill Md.					there?)	
				Means of injury	Injured at work?	
18. Funeral director Andrew K. Coffman			1.1.4:0.11	0 1/2 1/1	1 min	
Address	agerstow	n ma.	1212 V	23. SIGNATURE		
19 au 22 19 47 John A Oast (Date recidity registrar) (Date recidity registrar)			m W - Vaso Registrar	Addres Hallenston	M. D. or other	



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ne-correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

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CERTIFICATE OF DEATH

Reg. Dist. No. 306

		133
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Wyowings		tou
City or fown	State MA County Washing	- va
	City or town	
How long in above place of death? Ola 451 4 27 Mays Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nea	irest town)
mospital, matriguism, or street address with a doubles.	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) if veteran, name war	************************
3. (a) FULL NAME	3. (b) Social Security	Number
Bestha tuto		
4. Sex 5. Color or race 6.(a)Single, marget, Nidowed, or divorced	MEDICAL CERTIFICATION	
a) de les les dans	21 24 25	638
Jemail William	20. DATE OF DEATH 29-28 19-47	
6.(b) Name of husband or wite lewarles I firsts	21. I CERTIFY that death occurred on the date above stated; that I aftended dece	4
8.(c) if alive, give the years	19 10 Hay.	26 1947
7. Birth date of	and that I last saw h. Calive on May - 2- %	19.4.7
deceased (mo., day, yr.) Jan 1881	Immediate cause of death	
8. AGE: Years Months Days If less than one day	D.	
66 4 27nin.	Carcinona of	
Q Lillauvilla lud	1 - 1	*
9. Birthplace (Town, county, and state)	Bue to.	101
10. Usual occupation House Work		·
	Due to	
11. industry or business		
12. Name Shu Gall 3. Birthslace Germanus	Diher conditions.	
3 13. Birthblace Germany	I hemators white.	1000
# 14. Maiden name Dusan melelain	(Include pregnancy within 3 months of death)	
0 0 0 10 100	Major findings of operations.	
E 15. Birthplace Savillastrile Ma		
16. Interment John H detts	Autopsy results	
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
The state of the s	22. VIOLENCE: if death was due to external causes, fill in the following;	
17 Sunal Bate thereof 5 31 1947 (Burial, cremation, or removal. Which) (month) (day) (year)	Accident, suicide, or homicide Date of	
Patter Constant		
Cemetery or crematory	Where did injury occur?	(State)
Location Wear Cascade oma	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director Walter 4 Grove	Means of injury injured at work?	
Address Wallmelahore Henna	Dellit Han 1 1	ml
Me and a De Marie	23. SIGNATURE VALLE OF USELLARA M. D.	or other
19/May 29 1977 Ser Tuguson	Burner ton Parma Bata signed	5/29/47

JUN 4 1947 BUREAU V 8 Wade

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

368	2411 N. Charle	es St., Baltimore 94a
4	CERTIFICAT	TE OF DEATH Reg. Dist. No. 305
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give realdence of mother) State Couety Carlon (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
	3. (a) FULL NAME 4. Sex 5. Color or lace 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
em of causes	mile White divorced	20. DATE OF DEATH 20.00 6" 19.47 at 10.00 M
WARGIN KESEKVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	8. AGE: Years Months Days If less than one day 4. Surthplace Country, and atate) 10. Usual occupation. 11. Industry or business 12. Name Acob Days If less than one day 13. Birthplace Acob Days If less than one day 14. Maiden name Sarah Days If less than one day 15. Birthplace Acob Days If less than one day 16. Usual occupation. 17. Industry or business 18. Usual occupation. 19. Name Acob Days If less than one day 19. Usual occupation. 11. Industry or business 12. Name Acob Days If less than one day 14. Maiden name Days If less than one day 15. Birthplace Acob Days If less than one day 16. Country and atate) 17. Birthplace Acob Days If less than one day 18. AGE: Years Months Days If less than one day 19. According to the less than one da	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 7. 10. 19. 4. 7. and that I last saw h. Johns. alive on
J FI d mi		Date of op.
E WRITE PLAINLY, is especially,	Address Address 17.	Antopsy results
VS A1	Address Booustors md. 19. May - 9 - 19. 47 Jahr H. Bast Registrar Registrar	23. SIGNATURE Andrews Andrews M. D. or select Address Baseshand Ind. Date signed 5/6/4.7



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

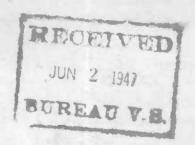
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?5-days	City or town
Hospital, Institution, or greet address where death occurred:	Sen mar PR
Washington Cerenty Hospital	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Usthur Katson	Frager 3.(b) Social Security Number
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Of COM 29 19.47 21 19.47 21
Engles mus	21. I CERTIFY, that death occurred on the date above stated: that Lattended deceased from
6.(b) Name of husband or wife August 1	The way in the man my total
7. Birth date of	and that I last saw home alive on way 29 1847
deceased (mo., day, yr.) Sifet. 2, 1884.	Immediate cause of death
8. AGE: Years Marths Days If less than one day	
64 8 2 min.	Compet Something 3 Min
9. Birthplace Beaver country H. Va	Due to
(Town, eounty, and state)	
10. Usual occupation	Due to.
11. Industry or business	-
12. Name B. H. Frank. 13. Birthplace H. Va	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Laura Hilliams 15. Birthplace	Major findings of operations.
15. Sirthplace H. Va.	
m, f. line m File	Autopsy results. Date of op.
Address Ren May Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0	22. VIOLENCE: tf death was due to external causes, fill in the following:
17	Accident, suicide, or homicide. MAC Date of
Cemetery of A Broad Andrews.	Where did injury occur?
11/2 h. 1/1 6 ml	Injured at home, farm, Industry, public place (where?)
Location M. Location M. Control of the Control of t	Maens of injury Injured at work?
18. Funeral director Mallace of the state of	a the top a
Address 7 & Church & Waynester	M Nowen M.
May 36 17 Potentismon	23. SIGNATURE M. D. or other
19	Address Day W (Na Dale signed S/30/4)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

04396 Reg. Diat. No. 302

). PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
	state Maryland county Washington				
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County County				
How long in above place of death? 50 years	City or town Fiddlersburg (If outside city or town limits, write RURAL and give nearest town)				
Mospital, institution, or street address where death occurred:	Street No.				
	(If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Annie Garlock	00 00 00 00 m on				
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Widowed	20. DATE OF DEATH. May 21 19 47 at 8:15a				
S.(6) Name of husband or wife William S. Garlock	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
	May 19 19 47 10 may 2/ 19 47				
7. Birth date of January 1, 1865	and that I last saw h. Let alive on Thay 20-19-47 18				
deceased (mo., day, yr.)	Immediais cause of death Werneflegia 7/19/47 48 OURATION				
o. Auc.					
82 4 20hrsmin.	Cordio las cular disease / you				
9. Birthplace Sharpsburg Wash. Md. (Town, county, and state)	Due to				
None					
10. Usual occupation	Oue to				
11. Industry or business					
12. Name	Dther conditions				
	(Include pregnancy within 8 months of death)				
H 14. Maiden name	Major findings of aperations				
14. Maiden name	Date of op.				
16. Informant Mrs. Kaleb Dayhoff	Autonsy results.				
Address Fiddlersberg Md.	PHYSICIAN: Please underline the eause to which death should be charged statistically.				
	22. VIOLENCE: If death was due to external causes, fill in the following:				
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Shilo Cemetery	Where did injury occur?				
Fiddlersburg Md.	Injured at home, farm, industry, public place (where?)				
Location	Means of Injury Injured at work?				
18. Funeral director Scott F. Minnich & Son	14.				
Address Hagerstown Md.	23. SIGNATURE ST. D. Campbell				
19 May 23, 1947 Chast towers,	M. D. drother				
(Date ree's by registrer) Registrar	Address Naglistown md Date signed 5721/X7				

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Dr/ Lavman

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2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County Washington City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 Years Hospital, Institution, or street address where death occurred: 833 Brown Ave How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 833 Brown Ave (If rural, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number None
MRS. GRACE SCOTT GARMAN 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Female White Widow Widow	MEDICAL CERTIFICATION A 20. DATE OF DEATH May 23 1947 19 21 2.30 M
John B.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	and that I last saw home allve on many 20 1947. Immediate correct death Company of
9. Birthplace Sugar Grove Smith Co. Va. (Town, county, and state) 1D. Usual occupation Housewbfe 11. Industry or business Own Home	Due to
E 12 Name Levi M. Scott	Other conditions Samueletta
12. Name Levi M. Scott 13. Birthplace Sugar Grove Va.	
14. Maiden name Meadow View Va. 15. Birthplace Meadow View Va.	(Include pregnancy within 3 months of death) Major fieldings of operations
Tananh Tanan	
16. Interman Joseph James	Autopsy resolts
Address Hagerstown Md.	
Burial (Burial, cremation, or removat, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Damascus Church Cemetery	Whers did injury occur? (City or town) (County) (State)
Location nea Hancock, Ful ton Co. Pa.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
IB. Funeral director	004 110

Registrar

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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Address

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MARYLAND STATE DEPARTMENT OF HEALTH

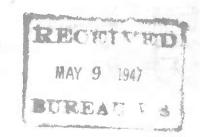
2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 3 (802

How long in above pla Hospital, institution,	gerstown foutside city or town li ce of death? 15 N or street address where Virginia	onths death occurred Ave	URAL and give nearest town)	Sireel No. 1718 Virgi	washingi n ita, write RURAL and give ne	arest town)	
How long in hospital	or institution?	ne	······································	2.(a) If veteran, name war None			
3. (a) FULL NAT	R NEWTON	GTGOII	S		3. (b) Social Security None	Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Male	White	Wi	dwoer	20. DATE OF DEATH May 5 1	94719	at 6 Pm	
	Manah	6. (c) If alive, give ageyear	21. I CERTIFY that death occurred on the dafe a	bove stated: that I attended deci-	eased from 5 19 4 7	
8. AGE: Yea		Days	If less than one day	Querenda Su		. DURATION	
83	2	1	hrsmln	1.			
10. Usual occupation	Farme	r d		Due fo			
12. Name	Keedysvi	lle M	d	(Include pregnancy within	8 months of death)		
14. Maiden nam	Keedy	igous	e Md.	Major findings of operations			
Address	Williamsp	ort M	d.				
Cemetery or crem	on, or removal, Which? Rose H	ill C		Where did lajury accur?(City or town	Date of	(State)	
			Md.			***********	
18. Funeral director	Andrew K Hager			Means of Injury	Injured at work?	0 ,	
24.	17-1047	-	has HBower	23. SIGNATURE	1 at Blem D.	6 hog 4)	



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UNFADING INK. Supply every item of information careful ant. Physicians: please write the causes of death clearly an

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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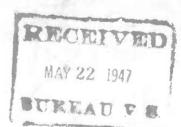
Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 pays How long in hospital or institution? 3 Days How long in hospital or institution? 3 Days Liberty St 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 351 Liberty St (If rural, give LOCATION) NONE 2. (a) If veteran, name war. None	own)
How long in above place of death? 3 pays Nospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 3 Days City or town. Curretown limits, write RURAL and give nearest to 351 Liberty St (If rural, give LOCATION) None 2.(a) If veteran, name war.	
Hospital, Institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 3 Days Street No. 351 Liberty St (If rural, give LOCATION) None	
Washington County Hospital How long In hospital or Institution? The specific of the specific	er
How long in hospital or institution? 3 Days 2.(a) ti veteran, name war None	er
	er
2 /1\ C 1 C 1 C 1 N 1	er
3. (a) FULL NAME	
MRS LILLIE HIGGINS GUESSFORD None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	A
Eamale White Widow 2D. DATE OF DEATH May 18 1947 19	10
6.(b) Name of husband or wife Edward 21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro	om
6.(c) tf allve, give ageyears	
descend (me day vr.) August 30 1874	DURATION
P ACE. Years Months Days If less than one day	DUNATION
72 8 18	<

9. Birthplace Clearspring Wash. Co. Md. Oue to. Oue to.	
10. Usual occupation Housewife	Seren .
Due 10.	
11. (IIIII) of Boomes	
12. Name Martin L. Higgins 13. Birthplace Blairs Valley Md.	*****************
14. Malden name Jane Clopper 15. Birthplace Blairs Valley Md. 16. Informant Mrs. Simon Hildebrand Actopsy resolts. (Include pregnancy within 3 months of death) Major fieldings of operations. Date of op.	
15. Birthotace Blairs Valley Md	
16. Informant Mrs. Simon Hildebrand Actopsy resolts.	
BUVCICIAN. Diagram and ording the cause to which death should be charged statistic	ically.
Address nagerstown Ma.	
Burial Bate theren 5/20/47	
(DB1a), Cremation, of removal, which,	
Cemetery or crematory. St. Pauls Cemetery Where did Injury occur? (City or town) (County) (State	te)
Location near Clearspring Md. fnjured at home, farm, industry, public place (where?)	
8. Funeral director Andrew K. Coffman Means of injury injured at work?	
Address Hagerstown Md.	
May 20 ,47 Charff Nowers all	19/
(Date redd by registrar) Registrar Address Address Date signed	142



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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		CERTIFICA	TE OF DEATH Reg. Diat. No. 302			
City or town	shington gerstown utside city or town lim of death? street address where do Oak Hill	its, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerston (If outside city or town limits, write RURAL and give nearest town) Street No. 703 Oak Hill Aye. (If rural, give LOCATION) 2.(a) If veteran, name war. None			
3. (a) FULL NAME		IE ETTA GUESSFORD		3. (b) Social Security None	Number	
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL 20. DATE OF DEATH	CERTIFICATION	about	
		3	21. I CERTIFY that death occurred on the date	e above stated; that I attended dec	eased from	
7. Birth date of deceased (mo., day, y 8. AGE: Years 58	117	Days If less than one day 15	and that I last saw h		DURATIO	
10. Usual occupation	House wo		Due to	lar fibrillat		
13. Birthplace	William	sport Md Boward	(Include pregnancy withi	in 8 months of death)		
Address Ha	gerstown		PHYSICIAN: Ptense underline the cause to 22. VIOLENCE: If death was due to externa	to which death should be charged al causes, fill in the following;		
Cemetery br csemato		Date thereof 5/9/47 (month) (day) (year)	Where did injury occur? (City or too	wn) (County)	(State)	
18. Funeral director	Andrew lagerstow	14 163	Meens of Injury 23. SIGNATURE WALLEY	Injured at work? DEPUTY I	MEDICAL EX	

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Charles Charles

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number MEDICAL CERTIFICATION 5-23 19 47 at 10:15 AN **OURATION** (Include pregnancy within 8 months of death) Major findings of operations..... PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide..... Where did Injury occur? (County) (City or town) Injured at home, farm, industry, public place (where?) tniured at work? Means of Injury

PLAINL

FOR BINDING

1. PLACE OF DEATH:

How long in above place of death?......

How long in hospital or Institution?..

3. (a) FULL NAME

deceased (mo., day, yr.)

8. AGE:

Hospital, institution, or street address where death occurred:

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2411 N. Charles St., Baltimore B.

Dr. Conrad

044112 og. Dist. No. 302 30

CEDELLICATES St., Daltimore

		CERTIFICA	TE OF DEATH	Reg. Diat. No	302 30
Cily or town	ington eathedsvill outside city or town limits, e of death? 2 Year estreet address where death and State R r Institution? 2 Y	e write RURAL and give nearest town) S. sccurred: eforma.tory for Ma	Street No. 21 O'Brien C	unty Anne Arus a, write RURAL and give nea Court a LOCATION)	arest town)
3. (a) FULL NAM		M UEDDON		3. (b) Social Security	
4. Sex	JOHN WESLE	a) Single, married, widowed, or divorced	Manual C	215-05-2	.473
Male	Colored	Single	20. DATE OF DEATH MAY 30.	ERTIFICATION	.,at1:30
7. Birth date of	Anril 1	6.(c) It alive, give ageyear	and that I last saw halive on	46 10 May 3	19.4
8. AGE: Years	s Months D	18 lt less than one day		ecculorio	OURATION B 42
10. Usual occupation.	Truck Dr	on Sr.	Due to		
14. Maiden name	Annapo	Watkins lis Md. d. St. Ref.	(Include pregnancy within 8 Major findings of operations	Date ot op	
Address B:	reathedsvil	le Md. ate thereof (month) (day) (year)	PHYSICIAN: Please noderline the cause to w 22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	which death should be charged uses, till in the following;	(State)
Address Ha	1 1	Coffnan d. Jalu XI Bax Registre	Injured at home, tarm, industry, public place (w Means of Injury 23. SIGNATURE	P. Courad	U.D. or other 6-31-4

UNFADING INK. Supply every item of information carefull ant. Physicians: please write the causes of death clearly and

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JUN 5 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DE				2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		

City or town(If o	agers town	nits, write RU	RAL and give nearest town)			
How long in above place	of death? 3 H	lours		City or town (If outside city or town)	II limits, write RURAL and give nearest town)	
Hospital, institution, or	street address where o	leath occurred:		Street No. 25 Broad	way Ave.	
Broad	fording h	oad		(If rural,	give LOCATION)	
How long in hospital or	Institution?		······································	2.(a) If veteran, name war. None		
3. (a) FULL NAM	E				3. (b) Social Security Number	
	JOSEP	H HENE	RY HERSHEY		1220-16-3459	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Ma	arried	an nave ne nearly Mary 6	19471.1.1.30	
	0	1-7 7	T 2 -		te above stated: that I attended deceased from	
6.(b) Name of husband	or wife	stal i	lershey			
*************************		6.(c)	tf alive, give age4.6yo	and that I last saw h	19 10 10 19 19	
7. Birth date of deceased (mo., day,)	Augus	t 15,	1900		DUBATION	
8. AGE: Years		Days	If less than one day	Immediate cause of deth	- Jane	
46	8	21	hrs	nin. Cecure		
a Richaldea Ha	agerstown	Wash	ington Co. A	dd Due to	18 3	
10. Usual occupation	Guard			Due to		
11. Industry or busines	Fairc	hild A	Aircraft Corp			
当 12. Name	Barry O.	Hersh	3.y	Dther conditions	10	
Birthplace	Barry 0. Hagersto	um Md.		L. Oderso "	1 that godde	
	Julia B	runha	ok.	(Include pregnancy wt)	in 3 months of death)	
H 14. Maiden name.	757 A 1	A.C.II.U.C.I		Major findings of operations		
≥ 15. Birthplace	Winches	ter va	λ,			
16. Informant	Mrs. Crys	tal He	ershey	Antopsy results	1 1 1 2 at 1 13 1 2 at Abata Ba	
Address H:	gerstown	Md.			to which death should he charged statistically.	
			5/8/47	22. VIOLENCE: if death was due to extern	al causes, fill in the following;	
			15/8/47 (month) (day) (year)		lest Date of May 6/47	
Cemetery or cremate	Dunka Dunka	rd Cer	netery			
Incoline B:	roadfordi	ng Md.			ce (where?) Fell from pole	
				Means of Injury	Injured a work? [7/1/47 call	
			ffran	1111	21,100	
Address Hag	gerstown	Ma.	0 110	23. SIGNATURA	MAN MAN	
May	847	lok	earthyowerk	5 51-11	M. D. or other	
(Date rec'd by re	egistrar)		Regist	rar Address	Date signed	

MAY 10 1949 BUREAU V 8 WITH UNFADING INK. Supply every item of information carefully, The comportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

(1441)430 2

1. PLACE OF DEAT County	Hage side city or town li	T 110	II JRAL and give nearest town) U.T	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Baltimore Clity or town (If outside city or town limits, write RURAL and give neared) Street No.	
How long in hospital or li		•••••		(If rural, give LOCATION)	- V
3. (a) FULL NAME				3. (b) Social Security N	
		Ll	oyd D. Hess		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	THE HILL
Male	White	Di	vorced	20. DATE OF DEATH May 13 1947	11:40a
6.(b) Name of husband or	Flor	ra Hes	S	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	ed from
					19
7. Birth date of	Nov.	9) It alive, give ageyears	and that I last saw halive on	19
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DURATION
60	6	4	hrs. min.	acute coronary occlusion	***********************
	St. Lou	is	Mo.		cle)
9. Birthplace	(Town,	county, and si	tate)	Oue to With infarction (left ventrice 3 days proba	ble
10. Usual occupation		ineer		Due togcute ventricular fibrilla	tion
11. Industry or business	John .	ertise	rng		
12. Name	St. L		Mo.	Dther conditions	
14. Maiden name	D. El Coch	la Dwy octon	ver Ohio.	(Include pregnancy within 3 months of death) Major findings of operations.	
Mrs	. Warre	n A.	TyrreII	Autopsy results as above May 13'47	
16. Informant	cospect			PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
17(Burial, cremation, composition) Location	Tron r removal, Which?) W. S.	Date there Cecis Toto Minn	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
19. May 16 (Date reg d by regin	. 1947	4	Hosp H Jowes	Hagerstown, Md. May	CO., MD.

MAY 19 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04405 Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County TACEDS TOULD	State PENNSYL VANIA COUNTY FRANKLIN
City or town (if outside city or town limits, write RURAL and give nearest town)	1 1 1 - 1 0 - 1 -
How long in above place of death?	City or town. SHADY GZOUE (It outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address, where death occurred: WHSHINGTON COUNTY HOSPITAL	Street No
1 0 = 1/	(If rural, give LOCATION) 2 (a) If veleran, name war.
How long in hospital or institution?	2.(a) If veteran, name war NON - VE
3. (a) FULL NAME	2. (b) Social Security Number NONE
4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH. 14 MAY 1947, 21 7:10 8
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	MARCH 1942, to MAY 14 1942
7. Birth date of	and that I last saw h. E. R. alive on MAU 13 19
deceased (mo., day, yr.) JUNE 3, 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	CONGESTION HEHRT PAILURE IDAY
9. Birthplace SHADY GROVE FRANKLIN PENNA (Town, county, and state)	Bue to M30CAPD17/5
(Town, county, and state)	
[B. 0322] 0000psilos	Due to
# SAMUEL HOLLINGER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
E 12. Name	Other conditions
13. Birthplace PENNSYLVANIA	(Include pregnancy within 3 months of death)
14. Maiden name AARTHA BUSH 15. Birthplace PENNSYL VANIA	Major findings of operations
15. Birthplace PENNSYL UAN 17	Date of op.
16 Informant Theo Shark	Antonsy results
M. H. P.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Delencaste, Venna	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory after Claus Lesus	Where did Injury occur?
Location after Clause	Injured at home, farm, Industry, public place (where?)
W. 7 Hornent	Means of Injury Injured at work?
18. Funeral director Address Haarstown Md	My Your mod.
MALLIY 47 CEARHOR LOCAL	23. SIGNATURE (1) Company M. D. or other
19. (Date rec'd by registrar) Registrar	Address Do referred out & bate signed & half y



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

(14267 Reg. Diat. No. 302)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County It askington	(For newborn infants) give residence of mother)
City or town (If outsyl) city or town limits, write RURAL and give nearest town)	State County and
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Nove R.702
Gashington County Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
3. (a) PULL NAME	3. (b) Social Security Number
Mildred- alona, Hunsbury	noul
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH May 13 19. 47 21 89. M
Oleral Arretaline	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife Olroluse. The Company	may 12 19 47 to May 13 18 47
7. Birth date of deceased (Mo., 3a/, yr.5) 9	and that I last saw h an alive on May 13
8. AGE: Years Months Days If less than one day	Immediate cause uf death
38 17nrsmin.	Pulmonary 6 mboli 2 pro.
9. Birthplace Sear Foxville Fred Go and	Due to (Classical) Caesarion
(Town, county, and state)	Section
10. Usual occupation	Due to Premature Separation 2 days
11. Industry or business / House Heefing	of placenta
12 Name Fra. Fox.	Other conditions
\$ 13. Birtholace Foxville. Fred les med	
Si Lama Mall	(Include pregnancy within 3 months of death)
14. Maiden name	Major tiadings of operations premature separation
2 15. Birthplace Yeard Francisco	of placenta Date of op. May 12
16. Informant Varding Huntsterry	Autopsy results
Address Swithsong mod	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. (Burial, crementes, or reupral, Which?) (month) (day) (year)	Accident, suicide, or homicide
Marchaland Cont.	Where did injury occur?
Gemetery or orentary	
Location Mutasong AMS	injured at home, farm, industry, public place (where?)
18. Funeral director Seo B. Hoven	Meens of injury Injured at work?
Address Smithsong med	E C 11 1 2 1
Mrs. 116 13 All 18 1000	/23. SIGNATURE G G G G G G M. D. on other
19. (Date rec'y by registrar) Registrar	Address Smith being Date signed 5/14/47
(Date tee a by registrar)	NUUTESS. d.N. d. Signed

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MAY 16 1947

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Mildred Leona Hentsberry Residence should Read Smithsburg. mid R.F. D. #2

Chast Bowers

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CERTIFICATE OF DEATH

Rog. Dist. No. 307

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give sidence of mother)
County Washington	State Manager County Managering in
(If outside city or town limits, write RURAL and give nearest town)	B. O Maranhada
How tong in above place of death?	(if outside city of lewin mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Letres Meriton and Manualary.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Junes Willis yor	3. (b) Social Security Number
4. Sex 5 Adior or pace 6.(a) Single, married, widowed, or strocked	MEDICAL CERTIFICATION
male while married	2D. DATE DE DEATH MAN 2 6 19.47 at 7 8
Ana 11. Martin	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife August 1. G	Coffin 1947, 10/11/19 26 194/
7. Birth date of	and that I last saw have alive on Month 1
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	0 0 1
18 7 //hrsmia.	(Orebral humbres, press.
9. Birthplace Mary Coul	Duyso
(Town county, and state)	(critical collinations) / y plu
10. Usuat occupation	Duesto,
11. Industry or business farm	There are and a fighter
12. Name dillipur T. January 13. Birthplace	Other conditions
13. Birthplace Cuspinda	(Include pregnancy within 3 months of death)
14. Malden name Alland American	Major fisdings of operations.
15. Birthplace	Date of op.
16. Informant Child C. Jones	Actopsy results
p/ mf	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n ne. 20 Kur	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal Which?) Date thereof (month) (dry) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
So Illa manal	Injured al home, farm, industry, public place (where?)
Location Commission Co	Means of Injury Injured at work?
t8. Funeral director, Co. M. Halle Co.	2 1 CD Sail Q.
Address Brumswick Mil.	23. SIGHATURE Nalle &- Shyw / MD
, May 28 1047 danneling Ir dastle	Charles my M. D. or other
(Date rec'll by registrar)	Address Date signed D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Dr. weltv

3. (b) Social Security Number

216-22-9404

Reg. Diat. No. 302

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of
City or lown Hagers town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 Years	State Maryland co Hagers to (If outside city or town limit

F DECEASED: mother) Washington (If outside city or town limits, write RURAL and give nearest town) 63 Broadway (If rural, give LOCATION) None

How long in hospital or institution?... 3. (a) FULL NAME HARRY E.KEEDY

6.(a) Single, married, widowed, or divorced Married

If less than one day

Louise P. .6.(c) If alive, give age 60 July 18 1876 deceased (mo., day, yr.)

13 . Rirtholace Eakles Mill Wash. Co. Md

Furniture Dealer Retired

White

12 Name Josephus Keedy 13. Birthplace Keedysville Md.

Hospital, Institution, or street address where death occurred:

63 Broadway

14. Maiden name Martha Keefauver Keedysville Md.

16 Informant Harry E. Keedy Jr. Hagerstown Md.

Burial
(Burial, cremation, or removal, Which?) Cemelery or crematory Rose Hill Cemetery

Location Hagerstown Maryland Andrew K. Coffman

Hagerstown Md.

MEDICAL CERTIFICATION

May 1 1947 19 16:30 8 11

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from november 1946 to may 1 1947

and that I last saw h Long, alive on Many 1.

Major findings of operations.....

2D. DATE OF DEATH

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home tarm, Industry, public place (where?) Means of Injury

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MAY 6 1947

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e correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Battimore

CERTIFICATE OF DEATH

302 Reg. Diat. No...

136

City or town	Hage (If outside place of de m, or street Harn	ngton erstown lecity or town 1 sath? 18 d address where lans Av	imits, write I year death occurre	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State. Martland City or town Hagerstown (If outside city or town limit Street No. 242 Harmans (If rural, give 2.(a) if veteran, name war.	ounty Washing l its, write RURAL and give AVENUE Ve LOCATION)	nearest town)
3. (a) FULL N	AME	Wi	lliam	Lawson Keller		3. (b) Social Securi 214-14-6	ty Number
4. Sex 5. Color or race 6.(a)Single. married, widowed, or divorced Single Single					MEDICAL C	CERTIFICATION	1 1150P
6.(c) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of decessed (mo., day, yr.) Dec. 23, 1921					21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8. AGE: Years Months Days If less than one day 25, 4 19				hrsmin.	Pulmmany Tube	releas	That from
S. Birthplace Waynesboro, Franklin Co. Pa. (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name Lawson Keller 13. Birthplace Waynesboro, Penna. 14. Maiden name Pearl A. Shrader 15. Birthplace Downsville, Faryland.					Dive fo	3 months of death)	
Address 24 17. Bu (Burial, crem	lirs.	rmans	Ave • Date the	eller Hagerstown, Md reof May 14, 1947 (month) (day) (year) 1 Cemetery	22. VIOLENCE: If death was due to external ca	which death should be charge auses, fill in the following; 	ed statistically.
tocation t8. Funeral direc	Hage	erstow	n, Md Krai	S.S.	Injured at home, farm, industry, public place (where?) Means of injury 1. June 2. Signature M. D. Signature M. D. Signature M. D. Signature		

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MAY 17 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04409

CERTIFICATE OF DEATH

CB

Reg. Dist. No. 301

County (If outside city or town limits, write RURA) and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospitat, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) It veteran, name war
NEW TON. JASPER.	KNABLE 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE White Widowed	20. DATE DE DEATH 5 2014 19 19 19 M
6.(b) Name of husband or wife	21. I CERTIFY that death occorred on the date above stated: that I attended deceased from
	T 19 10 5 19
7. Birth date of	and that I fast saw h
deceased (mo., day, yr.) A 49 10. 1861	Immediate cause of death
8. AGE: Years Months Days It less than one day	Ceroumy Scaling ou 2000
85 9 10hrsmin.	
9. Dirthplate CONNELLS OURS-FULTON-PENN, (Town, county and state)	Due to.
10. Usual occupation FARMER	
	Due to
11. Industry or business	
12. Name NILLIAM TNABLE 13. Birthplace Big COUE TANNERY PR.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name MARGARET BIUSINS	(Include pregnancy within 3 months or death) Major findings of operations
E 15 Sytholace Big COUETANNERY PA.	Date of op
18 Hornes A Barl Freak	Autopsy results
Addrest eedmare (A. H.)	PHYSICIAN: Please underline the cause to which death should be charged statistically,
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. B. L. R. L. Date thereof M. A. 2.3 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory EBENEEZAR	
	Where did injury occur? (City or town) (County) (State)
Location Sipes MILL PA.	injured at home, farm, industry, public place (where?)
18. Funerat Processor M. S.	Means of Injury Injured at work?
Address Harrisonwille Fa	23. SIGNATURE
19/1/14 Datoree'd by registrar) 19 44 7 C. Lac M. Registrar	Address Die Philad The Date signed 5 7

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MAY 27 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

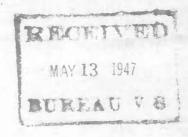
93d

04410

CERTIFICATE OF DEATH

Ser. Dist. No. 302

1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Washington City or town (If outside city or town limits, write RURAL and give nearest town) 256 S. Locust Street (If rural, give LOCATION) 2.(a) If veteran, name war.		
How long in above place of death?			
241 S. Prospect Street How long In hospital or institution? 2 Weeks			
3.(a) FULL NAME Ida V. Kridler	3. (b) Social Security Number		
Female S. Color or race S. (a) Single, married, widowed, or divorced White Widow	MEDICAL CERTIFICATION 2D. DATE DF DEATH May 8, 1947 12:030 A. M.		
6.(6) Name of husband or wife Harvey R. Kridler 6.(c) If allve, give age years 7. Birth date of Nov. 11, 1867	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 79 5 26 hrs. mln.	Immediaic cause of death DURATION		
9. Birthplace. Washington County, Md. (Town county, and state) Home Duties 10. Usual occupation. 11. Industry or business 12. Name ————————————————————————————————————	Due to		
Ta. 8 irthplace Unknown 14. Maiden name Unknown 15. Birthplace Unknown	(Include pregnancy within 8 months of death) Major findings of operations		
16. Informant Miss Lillian Kridler Address 256 S. Locust St. Hagerstown, Me	Autopsy results		
17. Burial Date thereof May 10, 1947. (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery Hagerstown, Md.	Where did injury occur?		
18. Funeral director Fred W. Kraiss Address Hagerstown, Md.	Means of Injury Injured at work? 23. SIGNATURE Delta		
19. (Date rec'd by registrar) 19.4 J. Bleast H. Cowers	Address Question by Date signed		



ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

1 PLACE OF DEATH.

PLAINLY, WITH UNF is especially important.

WRITE

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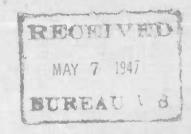
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Hospital, Institution, or 315 E.	utside city or town I of death? street address where Frankli	death occurred: n St.	and give nearest town)	(For newborn infants give residence of mother) Maryland Slate Gouply Couply Couply City or town (If outside city or town limits, write RURAL and give neare 312 L. Franklin St. Street No. (If rural, give LOCATION)	st town)
How long in hospital or				2.(a) If veteran, name war	
3. (a) FULL NAME		Halli	e K. Lambe	3. (b) Social Security N	umber
4. Sex	5. Color or race		d, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Widow		2D. DATE OF DEATH. May 3	2;30a
6.(b) Name of husband	or wifeGe	orge S.	Lambert	21. I CERTIFY that death occurred oo the date above stated; that I attended deceas	ed from
7. Birth date of			e, give ageyears	and that I last saw PTalive onXWAX	19
deceased (mo., day, y	Novem	ber 4, 1	861	Immediaie cause of death	DURATION
8. AGE: Years	Months	Days If it	ess than one day	Immediate Clase of draft	,
85	5	29	hrs mln.	chr. myocarditis	5yrs
Birthplace B. Usual occupation Industry or business	Non Non	Wash. eounty, and atate) e	Md.	Due to acute ventricular fibrillat	
13 Rightplace	Unknown	Clure		Dther conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14. Maiden name	Sophia	Barkman		(Include pregnancy within 3 months of death) Major findings of operations	
E 15. Birthnlace	Unknown			major nadings of operations. Date of op.	
1017	E.D.L	ambert		Autopsy results. NO	
10. 1/1/0/11/2/11	gerstown		***************************************	PHYSICIAN: Please underline the caose to which death should be charged at	atistically.
n Burial	or removal. Which?		5-5-47 (month) (dsy) (year) etery Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
Location					
Address May	5. 47	F. Minni stown Md	HBowers	23. SIGNATURES PORCE TO WASH. G	OICAL EXAM.
(Date rec'd by re	gistrar)		Registrar	11 Address Date signed	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			7
Reg.	Diat.	No.	20 2

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland County Washington
(If outside dity or town limits, write RURAL and give nearest town)	THE THE PERSON OF THE ASSURE LAND OF THE PERSON OF THE PER
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death decurred:	Street No. 717 Summit Quenus
717 Summit ane.	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Herbert Eugene Lorsel	none.
4. Sex 5. Color or race 8.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
male. Wilde Widowid	20. DATE DE DEATH. 19.47 21 500 L M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
6.(c) It alive, give ageyears	har 9" 1846, 10 May 11- 1947
7. Birth date of	and that I last saw h. in alive on hear 10 11
deceased (mo., day, yr.) RAGE- Years Months Days It less than one day	Immediate cause of death
o. Ada.	Chance my rearditive 6hrs. 2 day
8 12min.	1
9. Birthpiace Calgamanton	Due to
00+100	
	Due to
11. Industry or business	
12. Name Dr. albert S. Foull 13. Birthptace Permanularia	Dther conditions
Z 13. Birthplace Demogramia	(Include pregnancy within 3 months of death)
E 14. Maiden name Susam In, Snawly.	Major findings of aperations.
14. Malden name Susam m. Snawly. 15. Birthplace mill Point Wash. Co. md.	Date of op.
16. Interment Mrs. Walter a. mº Curu	Antapsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, litt in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, sutcide, or homicide
Cemetery or crematory Sumaloro Mausolum	Where did Injury occur?
Location B poustross md.	Injured at home, larm, Industry, public place (where?)
18. Funeral director CDM J. Bast 95000	Means of Injury Injured at work?
Address Bourston md.	fillbil ha
May 12, 47 Gras Honward	23. SIGNATURE. M. D. exacthes
19. (Date rec'd by registrar) Registrar	Address / Rasis leans Ind Date signed & Till 4 T.

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEA-SE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (324)

CERTIFICATE OF DEATH

Reg. Dist. 1.3302

1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
ELLSWORTH McCREA	None	
4. Sex S. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	20. DATE DF DEATH. May9 147 2111:25Pm	
6.(b) Name of husband or wife Estella Mathews 5.(c) II alive, give age years 7. Birth date of deceased (mo., day, yr.) April 26,1861	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Appr 25 19.4.7 to May 9 19.4.7 and that I last saw h. i.e. alive on may 9 18.4.7	
8. AGE: Years Months Days If less than one day 86 O 13 hrsmin.	Immediate ause of death DURATION Zyro +	
9. Birthplace Ashland Co. Ohio 10. Usual occupation	Due to	
No Record	My per To Sharing Milling 3 months of death) 2 yrs +	
15. Birthplace No Record	Major fiedings of operations. Mb appealton. Date of op.	
16. Informant Vawn E. McCrea	Autopsy results	
17. Burial Date thereof 5/12/47 (Burial, cremation, or removal, Which?) Cemetery or crematory U. B. Cemetery	22. VIOLENCE: 11 death was due to external causes, till in the following; Accident, suicide, or homicide	
Location Thurmont Md. 18. Funeral director. Andrew K. Coffman	Injured at home, farm, Industry, public place (where?)	
Address Hagerstown Mc. 19. May 10, 1947 Shaff, Bowerd (Oate rec' by registrar) Registrar	23. SIGNATURE of L. Houghton M.D. or other Address Hagassloton Med Date signed May 10, 199	

BINDING

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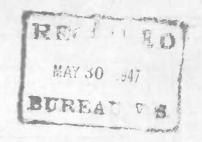
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1572

CERTIFICATE OF DEATH

(14414 Reg. Diat. No. 30

County Washington	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State	County WAShington	
City or 10WR	City or town	D' . C .
How long in above place of death?		City or town DIG OPRINGS (If our doc city or town timital write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:		
WASHINGTON COUNTY HOSPITAL (If rural, give LOCATION)	WAShington County Hospital	
How long in hospital or institution? ONE DAG 2.(a) If veteran, name war.	How long In hospital or Institution? ONE DAY	2.(a) If veteran, name war
3. (a) FULL NAME	3. (a) FULL NAME	3. (b) Social Security Number
CAROLYN Joyce Mellott	CAROLYN Joyce Mellott	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White 20, DATE OF DEATH Macy 27, 1947, at 10	Female White	20. DAYE DF DEATH Macy 27. 19 4 7 at 12 mm
21 I CEDITEV that death occurred on the dath above stated: that f affended deceased from		21 I CERTIEV that death occurred on the date above stated: that f affended deceased from
6.(0) Name of husband of wife		
8.(c) If alive, give age years and that I last saw alive on Way 27.	8.(c) If alive, give ageyears	
deceased (mo., day, yr.) // Au 20, /746	deceased (mo., day, yr.) //AU 20, /746	
8. AGE: Years Months' Days If less than one day	b. AGL.	Broncho Vneumonia
ONE SEVEN min. Clardiac Hypertrophy	ONE SEVENmin.	Cardiac Hypertrophy
Birthologo Washington Caupty Due to Congehilal!	Washington County	Busto Congenital!
9. Birthplace Washing to N Caunty and state) Due to Congettude S(Town, county, and state)	9. Biringlace	
10. Usuat occupation	10. Usuat occupation	Due to
11, Industry or business	11, Industry or business	
12. Name Philibart L. Mellott Dther conditions	= 12 Name Philipart L. Mellott	Dther conditions.
	F	
13. Birtholace WASS INSTEN CONFY (Include pregnancy within 3 months of death)		(Include pregnancy within 3 months of death)
misjor magings of operations.		Major findings of operations.
15. Birthplace WASh IN gton County Date of op.		Date of op
16. Informant Thilibart Le Mellott Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	16. Informant thilibart La Mellott	Autopsy results
Address D. C. J. D. C. I. M. C. W. A. P. U. A. R. d.	Address Dio JORINGS MARYLAND	
22. VIOLENCE: If degin was due to external causes, an in the tollowing,	0 3. 3 14.7	
17. DUR. A Date thereof. MAU 29 /947. (Burlal, cremation, or removal. Which?) Date thereof. MAU 29 /947. Accident, suicide, or homicide		
Cemetery or crematory St. Pauls Cemetery Where did injury occur? (City or town) (County) (State)	Cemetery or crematory St. PAULS CEMETERY	Where did injury occur?
Location Near Clearspring, Maryland Injured of home, farm, industry, public place (where?)	Location NEAR CLEARSDRING, MARYLAND	
18. Funeral director. MRS. Albert Leas. Masene of Injury Injured of work?	18. Funeral director MRS Albert Leas	Magne of Injury Injured of work?
Address Williamsnort, Maryland i David P. Brewer Mos		Annal (Banna M. &
23. SIGNATURE 2. SIGNATURE 2. M. D. or other,	Mars 28 17 Real Branch	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar Address Clear Spring Modate signed 5/28/	19. (Date rec'd by registrar) Registrar	Address Clear Spring Mobile signed 5/28/4:



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservative respectively is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

Washino Lin			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
			Now long in above place	e of death?	***************************************
Hospital, Institution, o	or street address where	death occurred:	Street No. Hagerstown R. R. #4	*****************	
wa	snington	County Hospital			
		l week	2.(a) If veteran, name war.	.1	
3. (a) FULL NAM		13.0 1 11.73	3. (b) Social Security Number		
	Geor		213-16-0920)	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
М	W	Married	2D. DATE DF DEATH May 14 19 47	1.5:20 A	
e (b) Nome of hugher	d or wife Ma	ry E. (Statler)	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed from	
6.(0) Name of nusean	9 UT #118		May 11 10 47 10 May 14	13	
7. Birth date of					
deceased (mo., day		uary 1, 1875	Immediate cause of death Cardias Failure	DURATION	
8. AGE: Yea 72	4	13mio.			
				zwt	
9. Birthplace	Mercersbu	rg, Franklin Co., P. county, and state)	a Due to YYU OCCUMENT		
	Ca	binet Maker	a In inaclement	3 4x ?	
	771-	rniture Factory	Due to.		
11. Industry or busin				**********************	
H-1		e Miller	Other conditions		
		cord	(Include pregnancy within 3 months of death)		
14. Maiden nam 15. Birthplace	Eliza	beth Clever	Major findings of operations		
2 15. Birthplace	No Re	cord	Date of op		
16. Informant	Mrs. Ma	ry E. Miller	Antopsy results		
Address		own R.R.#4	PHYSICIAN: Please nuderline the cause to which death should be charged at	amucany.	
		1/ 10 104	22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burial, cremati	ial on, or removal. Which	Date thereof. May 17, 194 (month) (day) (year)			
Cemetery or crem	atory Church	of the Brethren Cem	Where did injury occur?(City or town) (Connty)	(State)	
Location	IInt or	, Penna.	tnjured at home, farm, industry, public place (where?)		
			Means of Injury Injured at work?		
	- //	afletter	() 1 1 1 1 C aha	() W/ I)	
Address	Greencast	le, Penna.	23. SIGNATURE RObert Vn Camp De	UMN	
10 /Kar	16,104	6 Kartt Tower	Address Ha senstown Md Date signed	May 16/	
(Date rec'd by	registrar)	Registra	Address Muly Date signed	.1.2.1.2	



MARYLAND STATE DEPARTMENT OF HEALTH 930

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County. Washington	State Maryland courty Washington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Surello.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or etreet address where death occurred:	Street No. Main St.
Sale Way Muraing Hours	(If rural, give LOCATION) 2.(a) the veteran, name war
How long In hospital or Institution?	
3.(a) FOLL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, indowed, or divorced	MEDICAL CERTIFICATION
male Wille Widowed	20. DATE OF DEATH 1947 at 11 ASS P. A
6.(6) Name of husband or wife. Klanda. King Minulisakus.	21. Other if Y that death occurred on the date above etated; that I attended deceased from
	Joseph 3 19 43 10 may 6 19 47
7. Birth date of deceased (mo., day, yr.) July - 21 - 1870	and hat I last saw h.f. ? alive on
8. AGE: Years Months Daye It tess than one day	Immediate cause of death
76 9 15hrsmin.	MC and will be also have
Transfer Ilmale Co. md.	Due to.
9. Birthplace (Cown, county, and state)	Due to.
10. Usual occupation thurs and travale of	Dua fo
11. Industry or business Melly palser - Portired	55 (5.1)
# 12. Name John H. Minnelinakii	Dther conditions
13. Birtholace Wash. Co. md.	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Gordon	
14. Malden name. Character Perna.	Major findings of operations
M. J. III Stin	Antopsy results.
10- VA (10)	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Malsleville Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Boonstone Cunitary	Where did Injury Occur?
	Injured of home, farm, Industry, public place (where?)
Location Soot ore Ma	Means of Injury A Injured at work?
18. Funeral director	
Address Doubles Ma	23. SIGNATURE Sulvey November M. D.
" may 8 th with firsty Mitoelle	M. D. or other
Davidson	1 workstrive not note strengt 5/7/47

Dr. novemeteri

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTI	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowborn infants give residence of mother)
VUUILT	State Maryland County Washington
City or town Hager twon R # 3. (If outside city or town limits, write RURAL and give nearest	t town) City or town. Hagerstown R # 3 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred: Roxbury	Street No. Roxbury
	None
How long in hospital or Institution?	Z.(u) [1 vererall, liame wat
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Mary galome Spalding Mit	chell
	D
Female Mhite Married	20. DATE OF DEATH May 5 1947 19 213.30
6.(b) Name of husband or wife Joseph E.	24 1 CENTEY that death ecoursed on the date above stated: that I attended deceased from
	30 mey 5 1947 10 May 3 194
7. Birth date of	on years and that I last saw here. alive on way 5 19.47
deceased (mo., day, yr.) December 25 1890	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	1 throwas 154
30	min. Type was a second Type of the second Type of Type o
	Md. Due 1/1
(Town, county, and state) Housewife	Cerebral tamonhage I hu
fO. Usual occupation	Oue to
f1. Industry or business Own Home	
Howard Spalding	Other conditions
12. Name Howard Spalding 13. Birthplace Frederick Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Hattie Nichols 15. Birthplace Frederick Md.	Major findings of operations.
Joseph E. Mitchell	Date of op.
10. With matter	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Address Hagerstown Md. R # 3	an MOLENCE Is death was due to external causes. till in the following:
Burial (Burial, cremation, or removal, Which?) Oate thereof. (month) (day)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day)	Where did Injury occur?
Cemetery or crematory Rest Haven Cemetery	(City or town) (County) (State)
Hagerstown Md.	
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	Malan M. W
71.	23. SIGNATURE M. D. OF MINE
19. May 7. 1947 John W. D	Bacistra Bouston Bata stoned 8/7/4

MAY 12 1947 BURLAU 9 8.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

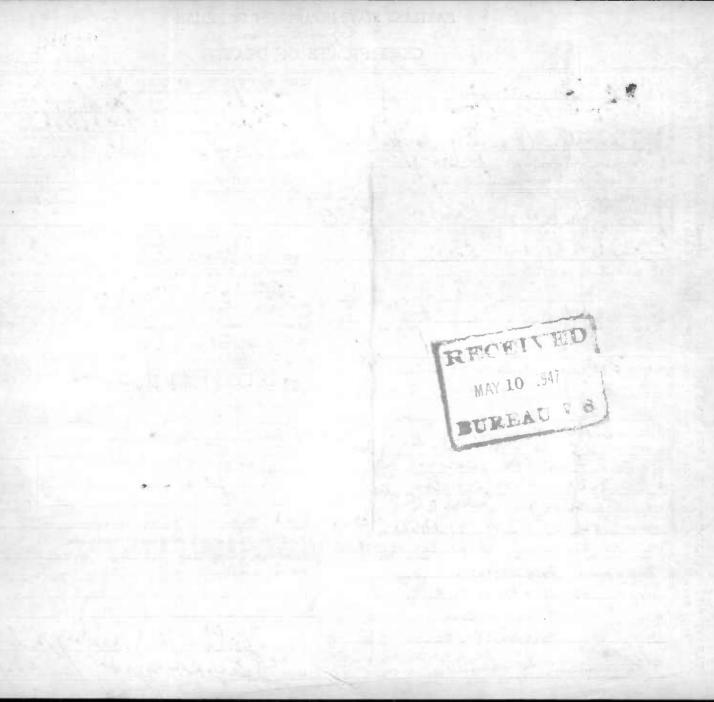
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Date signed 5.

C	ERTIFICATE OF DEATH	Reg. Dist. No. 3023
City or town. City or town. Street address, hospital and productions. Stay in hospital or institutions. Stay in this community (yrs., or mos., or days).	City or town / L	County Ward No. town limits, write RURAL NEAR and give town) (If rural give LOCATION)
4. Sex 5. Color or race A. Sex Single, married, wid	Metable.	3. (b) Social Security Number
Howele War 5 r	20. DATE OF DEATH M. QU	on the state above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 7 94	-/	e og 10 7 19 7
9. Birthplace College Months Days Hiless the Grown, county, and state) 10. Usual occupation The College Management of the	Immediate cause of death Ars. C mln. Due to Casese Cas	inferior
16. Informant January Address Levy Agency Ag	Majer findings: Of operations Of autopsy	PHYSICIAN Please underling the cause to whice death should be charged statistically.
Burial Bate thereof May (Burial, cremation, or removal. Which?) Cemetery or Samples-Manor Location Harper's Ferry R. F. J.	Accident, suicide, or homicide Where did Injury occur?	e to external causes, fill in the following;
18. Funeral director R. I. Earnshaw Address Keedysville Md	Means of Injury 23. SIGNATURE ZUGALT	in Ha Charly Mi Le
19. (Date registrar) 1947 Plasti	ristrar	Jung, Inde M.D. or other, 1573/47.



The correct age

1. PLACE OF DEATH: /

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

302

County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred; Wash How long in hospital or institution?	State. State Sounty Sounty State. State State State State State Sounty State S
3. (a) FULL NAME C Ha Marie Monnth	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Ishite Priolowed	MEDICAL CERTIFICATION 2D. DATE DF DEATH 19.47 at 3 5 5 5.
6.(b) Name of husband or write 7. Birth date of styles age	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
14. Maiden name Marce. Beaver 15. Birthpiace Westminster 16. Informant Earl: Moveable Address Smithoburg Med R. F. D. 17. Build Bate thereot (month) (day) (year) Cemetery or oremators Smiths burg Location Smiths burg Location Male Bate in Bate in the property of	Major findings of operations. Date of op
19. May 22, 1947 Chast Bowers (Date rec'dry registrar) Registrar	23. SIGNATURE. M. D. or other Address. Address. Address.

MAY 24 1947 BURLAU VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

461

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mary Jane	Moore 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married midened, or divorced	MEDICAL CERTIFICATION
Semale white widowed	20. DATE DE DEATH May 10 1947, at
6.(b) Name of husband or wife from Masshall Moore	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Lee. 4, 1861	Immediai Suse of death DURATION
8. AGE: Years Months Days It less than one daymin.	gastine Hemantige
9. Birthplace	Due in Canada Due in Sampelio
11. Industry or business 12. Name Samuel Royal 13. Birthplace Franklin G. Pa.	Other conditions: (Include pregnancy within 3 months of death)
14. Maiden name Mary June Hammale 15. Birthplace Hambleri Ce. Pa.	Major findings of operations. Date of op.
Address Cas cade	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Williams Co.	Meens of trijury trijured at work?
18. Funeral director. May be a factor	2116
Address 27 S. Church It. Way rectory to	23. Sleyhouse Collins Coll W
19. May 19 19 7 Jev I Tanguson (Date registrar) 19 7 Registrar	Adjourne King Simulate signed 5/12/1

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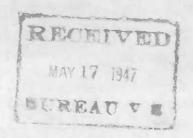
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DE	ATH:	l mark a		2. USUAL RESIDENCE	E (HOME) 01	F DECEASED:
County Washington City or town Hagerstown Maryland (If offside city or town finite, write RURAL and give nearest town) How long in above place of death? Life				State Marylan City or town Hage	erstown	write RURAL a
Washingt	How long in above place of death Washington County Hospital How long in hospital or institution? 2 days				(If rural, give	etam Sti
3. (a) FULL NAM			lowen			3. (b) Social S
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	1	MEDICAL CE	ERTIFICATI
F'emale_	White		rried	20, DATE DE DEATH	ay 19	
6.(b) Name of husband	or wife. Galen	W. M	IOWen If alive, give age 23 ye	21. I CERTIFY that death occ		47 10 140
7. Birth date of deceased (mo., day,	Ontoher		1915	aed that I last saw h		un 17
8. AGE: Year	s Months	Days 12	If tess than one dayhrsm	Immediate cause of death.	to leto	roel
13. Birthplace	ss amuel Sho Millstone	emake	yland	Other conditions 2	placent placent regnancy within 3 r	bulling of death)
10. Intomant	alen W. Magerstown			Aotopsy results	line the cause to wl	hich death shoutd b
17. Burial	n, or removal. Which?)	Date there	5-22-47 (month) (day) (year)	Accident, suicide, or homicid Where did tnjury occur?	le	Oate
Location He	gerstown,	Mary	yland.	Injured at home, farm, Indus	stry, public place (w	
18. Funeral director	C. M. S	uter	& Sons	Meens of Injury		Injured at w
Address Ha	gerstown,	Mary	land	23. SIGNATURE LL	trus Bre	btisti-
19. May	22, 19.47 egistrar)	- Got	usff Jowers Registr	Address 21 4 4-10	Tomue Key	erster bate

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MAY 24 1947

BUREAU V S.

2411 N. Charles St., Baltimore

1626

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Sandy Hook (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If reteran, name war.		
City or town			
Hospital, Institution, or street address where death occurred: How long in hospital or Institution?			
3. (a) FULL NAME Charlotte Pouise Nuice	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH May 6, 19 47 , 111:40A		
6.(b) Name of husband or wife John H. Nuice 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) October 9, 1863	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days Itless than one day	Immediate cause of death		
83 6 27hrsmin.	July Jan was well		
9. Dirihplaca Washington County Maryland 10. Usual occupation Housework 11: Industry or business Own Home 12. Name John Norris 13. Birihplace Virginia 13. Birihplace Virginia 14. Birihplace Virginia 15. Birihplace Virginia 15. Birihplace Virginia 16. Birihplace Virginia 17. Birihplace Virginia 18. Birihplace	Due to		
14. Malden name Alcinda Heskitt 15. Birthplace Virginia	Major findings of operations		
16. Informani Mr. Landon E. Nuice Address R. F. D. Knoxville, Maryland	Autopsy results		
Burial Date thereof 5/8/47 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory. Virts Cemetery	Where did injury occur?		
Location Sandy Hook, Maryland 18. Funeral director Research	Injured at home, farm, industry, public place (where?)		
Address Charles Town, West Va.	S. Os con Fry my Les		
19 May 6 1947 Corneline W. Logotta (Date red by registrar) Depute Registrar	23. SIGNATURE CHOCK Solution (M. D. proper) Address		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. HARGIN RESERVED FOR BINDING

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Birth and Death

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MARYLAND STATE DEPARTMENT OF HEALTH 159

CERTIFICATE OF STHEBIRTH

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
County Washington	State Maryland
City or town Hagehstown	County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town Haglistown
Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give nearest tow
	Street No. 1/66 Ougunia leve
Length of mother's stay in County	(If RURAL give LOCATION)
3. Name of child well Jeelan Osborn	4. Date of birth May / 19 47 Hour // 27 4.
5. Sex Wale 6. Twin or triplet	7. No. of weeks pregnancy.
FATHER OF CHILD	MOTHER OF CHILD
8. Full name facel Eugene Claberne	12. Full maiden name Mary Generalalyn
9. Color W 10. Age at time of this birth yrs.	13. Color W. 14. Age at time of this birth 20 y
11. Usual occupation Household Jinane	15. Usual occupation Macaseufe
16. Other children born to mother (not including present child)	: (a) How many children of this mother are new living?
(b) How many other children were born alive but are now de-	ad?
17. Did child die before labor? During labor?	21. Cause of stillbirth. Please be specific. For terms li
18. Pregnancy, complications of	prematurity, asphyxia, etc., try to add cause thereof.
	(a) Fetal causes [malinely [3])
19. Labor: (a) Complications of Lemeline	(b) Maternal causes
20 (a) Washington St. 13 (b) Induced? No.	. 99 T
20. (a) Was there an operation for delivery?	22. I certify to the birth of this child who was born dea on the date and hour above stated.
(b) State all operations, if any local as limiting	
(c) Did child die before operation?	Signature (Specify if M D midwife or first)
During operation?	Address 214 N. Polom we & Hagey Ton
23. (a)	100 Mars 10,10 19 11/1
(Burial, cremation or removal) (month) (day) (year)	(Date rec'd by registrar) (Registrar)
(c) Cemetery or crematory	26. (To be filled out if no physician was present at delivery
24. (a) Funeral director	The shove certificate has been avanished by
24. (a) Funeral director	The above certificate has been examined by me. Health Officer, per

MAY 7 1947

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MARYLAND	STATE	DEPARTMENT	OF	HEALTI
III WIX I LEWIND	DIALL	DEL ANTHULAY	UI	HEALL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1310

DR Sheeley, 11423 Reg. Dist. No. 3 000

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARILIAND County WAShington
City or town	City or town Share by Share write RURAL and give nearest town) Street No. M.A.L. n. Share street No. M. A.L. n. Share street No. M. Share street No.
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MIRA 3.0 1947. 21 6 M
6.(6) Name of husband or wife	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
7. 81rth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h J. alive on Many 2 1947. Imaginia guse of death and alive on DURATION DURATION
9. Sirthplace BEDVER CREEK WASh Cu Mp.	Due to
10. Usual occupation	Due to
12. Name Joseph M. Mipplekauff 13. Sirthplace BEAVER CLEEK MD	Other conditions (Include pregnancy within 8 months of death)
14. Maiden name Annie Horine. 15. Sirthplace BEAVER CREEK MD.	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Mirs J. Edgar Remsburg	Antopsy results
17. Burlal, cremation, or removal. Which?) Date thereot. (b) 2/47. (month) (day) (year)	22. V10LENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Commercial Rest Haren Cemerary Location Hagers town Mo	Where did Injury occur?
18. Funeral director. ANDREWK COFFMAN Address Hing Eistown MD.	Means of Injury Injured at work? 23. SIGNATURE McClar H- Sheary Justin
19. Obate rec'd by registrar) 19. Cef Boyce Registrar	Col shalowing Duris " to Di or other

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BLAKEN: 18

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466

04424 47
Reg. Dist. No. 304

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Washington Pectonville (If outside city or town limits, write RURAL and give nearest town) Street No		
Male White Married	20, DATE OF DEATH MAY 13 14 7 at 6 2 M		
S.(6) Name of husband or wife. Amanda L. Reed S.(c) If alive, give age years S. AGE: Years Months Days If less than one day 65 8 7 Interpolate Mash. Co.) Md. 9. Birthplace Pectonville (Wash. Co.) Md. 10. Usual occupation. Farmer 11. Industry or business 12. Name John Reed 13. Birthplace Pectonville, Md. 14. Malden name Lucy Dickerhoff 15. Birthplace Pectonville, Md. 16. Informant Amanda L. Reed Address Pectonville, Md. 17. Burial 18. Informant May 16-47 (Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery Park Head	20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47., to		
Location Route 40 near Clear Spring 18. Funeral director Snyder-Rowland Address Hancock Md. 19. (Date rec'd by registrar) Registrar	Meene of injury Injured at work? 23. SIGNATURE M. D. or other Address Address Address		



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	UNF rtant.
I	impor.
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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04425

Reg. Diat. No. ...

307

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Utaskington	State Maruland COUNTY Washington
(If outside city or town limits, write RURAL and give nearest town)	100
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Thusardle Ma
Rohueille nd.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jamie C. Kohr	y. nom
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Denale White Single	20. DATE OF DEATH May - 2 - 19.47 at 14 Px M
6.(b) Name of husband or wife Single	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 30 - 1947, 10 may 2 - 1947.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediais cause of death
o. Aut.	Chance my occordition I man 2 day
85 2 hrsmin.	
9. Birthplace. Alax. (Town, county, and state)	Oue to
71-1016	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name Cliram Kohren 13. Birthplace near Robersulle Wash, Co. md.	Other conditions
El 13. Birthplace near ocherante track, Co. md.	(Include pregnancy within 3 months of death)
E 14. Maiden name Mary Sellmasker	Major findings of operations.
15. Birthplace near Roberseille Wash, Co. md.	Date of op.
16. Informant Larry D. Rohrer	Aptopsy results
001:00 20.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof. 104 - 5-1947 (portch) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Robersille Cadutany	Where did injury occur?
Plusial med of	Injured at home, farm, industry, public place (where?)
Location Dividing Div	Meens of tajury Injured at work?
18. Funeral director D. Jast + 2000	2
Address Booustono Ma.	23. SIGNATURE School Frade - m. S.
May 4 47 Mes Kasherine Daguehart	M. D. or other,
(Date rec'd by registrar) Registrar	Address / Lauslins Ind Date signed 5/3/47.

MAY 10 1947
BUREAU CS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County			(For newborn infants give residence of mother) Maryland State				
3. (a) FULL NAMI					3. (b) S	ocial Security N	mber
			E. Rossman				
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL			MV 4 m
Female	White	1		20. DATE OF DEATH. May	21	19.47	7:40p
6.(b) Name of husband or wife Harry M. Rossman 6.(c) If alive, give age 74 7. Birth date of deceased (mo., day, yr.) April 19, 1874				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/6/47 19 to 5/21/47 19 and that I last saw h. C.P. alive on 5/21/47 19			
8. AGE: Years		Days		Immediate cause of death	al	OT THUE	DURATION
73	1	2	hrs		***************************************		**************
9. Birthplace Chambersburg Franklin 10. Usual occupation. 11. Industry or business None 11. Industry or business None 12. Name. Frank C. Lantz 13. Birthplace Chambersburg a. 14. Maiden name. Martha Hauptman 15. Birthplace Chambersburg a. 16. Informant. Harry M. Rossman			Due to Hypertension Due to Arterioscler Diher conditions Ovarian cy carcinoma of cyst (Include pregnancy within Major fiadings of operations Ovar	osis st wit wall smonths of de	h adeno	- /47	
			IICLL	Actopsy results	which death sh	ould be charged str	tistically.
Burial (Burial, cremation Cemetery or cremato Location 18. Funeral director Address	Chamber	Date there c Grov csburg Ming	nich& Son	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	n) ((where?)	County) ured at work? M. D. 9	State)

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MAY 26 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH,

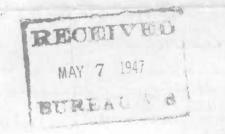
2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

211

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maruland county brashington
City or town	The state of the s
How long in above place of death?	City or town
131 King Street	Street No. 3 (If rural, give QCATION)
How long in hospital or institution? at Home	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hallie France P	outs also
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Dense White married	20. DATE OF DEATH May - 2 - 19 47 at 1 - P- M
Elanen F. Ports of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	January 20 1947 10 MR4 2, 1947
7. Birth date of Society of the state of the st	and that last saw h 9 alive on 67 30, 0 1947.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediajocause ol death
54 3 24min.	Tooyand Jie my 13 mis
9. Birthplace Boundona Wadh, Co. md.	mote la Exchal arters schools
(Town, county, and state)	with Vosculor Hypertensine 5415.
10. Usual occupation	Due to
11. Industry or business Own Home	
12. Name Shomas a. Snively 13. Birthpiace Boonstons Wash. Co. Md.	Other conditions Chemics Heart 542.
\$ 13. Birthplace Bourstons Wash. Co. Md.	(Include pregnancy within 8 months of death)
置 14. Maiden name Rose K. Santa	Major findings of operations
15. Birthplace Boouston Wash. Co. Trnd.	Date of op.
16. Interment Omer 3. Routsohn	Antoney results
Address 131 King St. Hagerstown md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof May 6-1947. (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the following:
	Accident, suicide, or homitide
Cemetery or crematory 3 constrono Centalany	Where did injury occur?
Location Doorstone Md.	Injured at home, tarm, Industry public place (where?)
1B. Funeral director Lyw 3 - Bast & Sous	Means of Injury tnjured at work?
Address Boowling md	(18) Skueis dry lux.
May 5. 47 Mast Bowers	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Addres W. Wish ST. Hagus tur and Date signed 13/4/



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(Date rec/d by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04428

... Date signed 5

CERTIFICAT	'E OF DEATH Reg., Diat. No. (303	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland County Washington City or town Rural Clear Spring, Md.		
3.(a) FULL NAME Harold James Rubeck			
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 18, 1947 19	E.O.5.7	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended d	19	
deceased (mo., day, yr.)	and that I last saw h		
8. AGE: Years Months 10 ays If less than one day	Fractured skull(closed)		
9. Birthplace Clear Spring, Wash. Co., Md. (Town, county, and atate) 10. Usual occupation None	Closed fracture of bone out rt knee joint		
11. Industry or business 12. Mame	Shock Other conditions		
14. Maiden name. Minnie Wiles 15. Birthplace Clear Spring, Md. 16. Informant James F. Rubeck	(Include pregnancy within 3 months of death) Major fiadiugs of operations		
16. Informant James F. Rubeck Address Clear Spring, Md. R D 1	Autopsy results		
Burial Oate thereof May 21, 1947 (Burial, cremation, or removal Which) Cemetery or crematory St. Paul's Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	5/18/47 A 72 (State)	
Location Near Clear Spring, Md. Route 40	Injured at home, farm, Industry, public place (where?)	ay Norte	
18. Funeral director	Maens of Injury Andrew Lawrence at work? 23. SIGNATURE AND WASH MASH	MÉDICAL EXA	

Mal

Address La



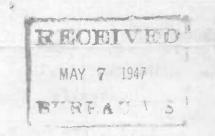
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	2 HIGHAL DECIDENCE (LIONE) OF DECEASED.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington Waryland	State Maryland County Washington		
City or town. Hancock Maryland (If outside city or town limits, write RURAL and give nearest town)	Hencock		
How long in above place of death? Life	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
	3. (b) Social Security Number		
Pleasant Johnson Myers Sagle			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH. 5-3 19.39 at 6.30 ft. M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above clated; thet I atlended deceased from		
7 Bloth date of	yeare and that I last saw h		
deceased (mo., day, yr.) August 8, 1867	Immediate cause of death		
o. Adl.	angina Pestaro		
79 8 25hrs	.min.		
Hancock Maryland	Due to arturalistic Heart		
S. Birihpiace Hancock Maryland (Town, county, and state)	O need.		
19. Usual occupation Housewife			
(U. William Washington)	Gue to		
11. Industry or business	D 1 1 1 1 1 4-12.47		
12. Name Adam Myers 13. Birtholace UNKNOWN	Other conditions		
13. Birthplace UNKNOWN	(Include pregnancy within 3 months of death)		
14. Malden name Harriet Myers 15. Birthplace Unknown			
14. 17810011 1161110	Misjor Dadiels of Operations		
	Date of op		
16 Informant Mrs Rosalie Rankin	Antopsy results		
Address Hancock , Maryland	PHYSICIAN: Please underline the cause to which death abould be charged statistically.		
	22. VIOLENCE: If death was due to external causes, till in the following;		
17 Burial (Burial, cremation, or removal, Which?) Bale thereot May 6, 19 (month) (day) (year	Accident, suicide, or homicide		
Cemetery or crematory			
Location Hancock			
18. Funeral director. Snyder-Rowland	Meens of Injury Injured at work?		
	11 / / -> 1/		
Address Hancock, Maryland	23. SIGNATURE Huput N. Nopissm. D		
5-5-47 July 18/10	M. D. or other		
19. Oate rec'd by registrar) (Date rec'd by registrar) Regi	istrar Addrese Addrese Date signed 5 5 1		



ADING INK. Supply every item of Physicians: please write the causes FOR RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dr. Di 0443()

Reg. Dist. No. 305 305

City or town(If o	Fairplay Dutside city or town lit of death?	Years leath occurred: Road	JRAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State	of mother) Couoly	earest town)
3. (a) FULL NAMI					3. (b) Social Security	Number
	THO FRAN		HOWMAN		None	
4. Sex	5. Color or race				CERTIFICATION	
Male	White		ried	20. DATE OF DEATH May 8,		
			oyer Shownan O It alive, give age 70 years	and that I hast said a second second on second	19 10 May 8	
8. AGE: Years	the state of the s	Days	If less than one day	Immediate cause of death	£	
71 1 4hrsmin.			hrsmin.	Cum Lu	in	12 /-
9. 8irthplace Keedysville, Washington Co. Md. 10. Usual occupation Merchant 11. Industry or business Market 12. Name Adam Shownan			Due to	lo ulim i	<i>57</i>	
12. Name				(Include pregnancy within	3 months of death)	
Frimming Md			Autopsy results			
Address Fairpiay Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Green Lawn Cemetery			22. VtOLENCE: If death was due to external Accident, suicide, or homicide	Date of		
				Injured at home. farm, industry, public place	(where?)	
Location Williamsport Md. 18. Funeral director Andrew K. Coffman				Means of Injury	Injured at work?	
	O. 1947	0 /	In G. Bask Registrar	Address Version	M, D Date signed	or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3. (b) Social Security Number

Reg. Diat. No. 30 2

City or fown. Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Streef No. 302 North Potomac Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war

3. (a) FULL NAME

Female

10. Usual occupation.....

Sallie Shulenberger

| 6.(a)Single, married, widowed, or divorced

Widow

MEDICAL CERTIFICATION

6.(6) Name of husband or wite William C. Shulenberger May 9. 1852 deceased (mo., day, yr.) it less than one day

White

8. AGE: Martinsburg W. Va.
(Town, county, and state)

Housework

11. Industry or business E 12. Name S. H. Martin

13. Birthplace Bedford, Pa.

14. Maiden name... Rachael Bowers

15. Birthplace Bunker Hill, W. Va. 16 Informant, Miss Eva Shulenberger

Address Hagerstown, Maryland

Date thereof 5-13-47 (month) (day) (year) 17. Burial (Burial eremation, or removal Which?) Cemelery or crematory Rose Hill Cemetery Hagerstown, Maryland

C. M. Suter & Sons Hagerstown. Maryland

(Date rec'd by Jegistrar)

20. DATE OF DEATH May 10 1947 at 5.45 PM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from march 3 1847 10 may 10 1847 Immediate cause of death (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:

Means of Injury

Where did Injury occur?(City or town)

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)



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•	PLAINLY.
9-45-15M	WRITE PL
VS A15	PLEASE

Shown on 221 N. Charles St., Baltimore 92 FILM NO. G 11 MAY 91 1947 I. PLACE OF DEATH: Courty. The Courty of the Country of	Evidence for the change of	60
CERTIFICATE OF DEATH Rep. Dist. No. 3022 1947 1947 1947 1947 1947 1947 1947 1948	birth date and age is MARYLAND S	TATE DEPARTMENT OF HEALTH
PHANE 10. G 77 MAY 21 1947 PLACE OF DEATH: County The string in section of the state was seen in the string of the string in section of the stri	241	11 N. Charles St., Baltimore
1. PLACE OF DEATH: Control Harden County Har	FILM No. G 11 MAY 21 1047 CERT	IFICATE OF DEATH Reg. Diat. No. 302
State County Co	1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Street No. County Home City County C	County	State Md. County Wash.
Street No. Street No. County Home City or legislations County Home City or legislations County Home City or legislations City or legisla	City or town	t town) Hagerstown
Second Regular of Institutions Second Se		(If outside city or town limits, write RURAL and give nearest town)
Some	Washington County Home	Street No(If rural, give LOCATION)
3. (a) FULL NAME John W. Sisk 4. Sex male S. Color or race male S. Color or race male widowed or divorced widowed or wife. S. Color or race widowed S. Color or race male widowed or divorced widowed or wife. S. Color or race widowed S. Color or race male widowed or wife. S. Color or race widowed S. Color or race widowed or wife. S. Color or race widowed S. Color or race male widowed or wife. S. Color or race widowed S. Color or race widowed or wife. S. Color or race widow. S. Color or race widow. S. Color or race widow. S. Color o	How long in hospital or institution? 3 years	
4. Sas S. Color or race S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 8. (b) Hame of hesband or wife Restella Sisk 8. (c) If alive, give age years 8. (c) If alive, give age years 8. AGE: Tears Months Days Hiss than one day 8. AGE: Tears Months Days Hiss than one day 8. Birthplace Mear Charlestown Jeff S. O. a. M. A. V. a. 10. Usual occupation II 11. Industry or business II 12. Handen name Limikhown 13. Birthplace II 14. Maiden name Limikhown 15. Informant Daniel Sisk Address Hagerstown Ma 16. Informant Daniel Sisk 17. Cemetery or crematory, or removal. Which] Date thereof S - 12 - 47 (totalia, cremation, or removal. Which]) Date thereof S - 12 - 47 (totalia) Complete Complete 18. Funeral director Secott F. Minnich & Son Address Hagerstown Ma Manual 3 Manual A 22. Signature Company Manual A Manual 3 Manual A Manual 4 Manual 4 Manual A Manual 4 Manual A Manual 4 Manual 5 Manual A Manual 6 Manual 6 Manual 6 Manual 7 Manual 7 Manual 7 Manual 8 Manual 8 Manual 8 Manual 8 Manual 8 Manual 9 Manual 1 Manual	3. (a) FULL NAME	3. (b) Social Security Number
5.(b) Name of husband or wife		
5.(b) Name of husband or wife		WEDICAL CERTIFICATION
5.60 If alive, give age years deceased (no. 49; no) 19 11 19	male white widowed	
1. Birth date of Peb. 19/14/14/14/14/14/14/14/14/14/14/14/14/14/	6.(b) Name of husband or wife Estella Sisk	
Secretary Secr		
8. AGE: tears Months Days If less than one day Bo	7. Birth date of Feb. 19 // 1/4// 37, 1867	
S. Birthplace. Near Charlestown Jeff Co. a. M. a. V. a. (Town, county, and atate) 10. Usual occupation	8. AGE: Years Months Days If less than one day	Immedisis Cause of death
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Deniel Sisk Address Hagerstown, Cemetery or crematory. Rose Hill Cemetery Cemetery or crematory. Rose Hill Cemetery Location. Hagerstown, Md. Address Hagerstown, Md. 18. Funeral director. Scott F. Minnich & Son Address Hagerstown, Md. 23. Signature. Due to. Little CanagaRhigh. All CanagaRhigh. All CanagaRhigh. Cinclude pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Meens of Injury Injured at work? M. D. or other M. D. or other	80 7/9 3 10hrs.	min.
11. Industry or business 12. Name unknown 13. Birthplace 14. Maiden name unknown 15. Birthplace 16. Informant Deniel Sisk Address Hagerstown, Md. 17. Duriel (Burial, cremation, or removal, Which?) 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. 20. Conditions Clinchage pregnancy within 3 months of death) Major findings of operations. Clinchade pregnancy within 3 months of death) Major findings of operations. Clinchade pregnancy within 3 months of death) Major findings of operations. Clinchade pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death sho	9. Birthplace near Charlestown, Jeff Co (Town, county, and state)	a N. a. Va. a Due to Mutral Steriosis and 5 yrs
11. Industry or business 12. Name	1D. Usual occupation	Due to acute congestion
14. Maiden name	11. Industry or business	morardial dutospenachon 10 day
14. Maiden name	12. Name unknown	Other conditions.
Autopsy results. Autopsy results. PHYSiCIAN: Please underline the cause to which death should be charged statistically. 17. burial Bate thereof 5-13-47 (Burlal, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cemetery (City or town) (County) (State) Location Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Autopsy results. PHYSiCIAN: Please underline the cause to which death should be charged statistically. 22. Violence: if death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE Countable From Mr. D. or other		
16. Informant Daniel Sisk Address Hagerstown, Md. 17. burial Date thereof 5-13-47 (Burlal, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. Antopsy results. PHYSiCIAN: Please underline the cause to which death should be charged statistically. 22. VtoLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE Countable M. D. or other	置 14. Maiden name unknown	Major findings of operations.
Address Hagerstown, Md. 17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery (City or town) Location Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. Address Hagerstown, Md. Address Hagerstown, Md. Address Hagerstown, Md. 22. VtoLENCE: tf death was due to externat causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Meens of injury Injured at work? 23. Signature Countary M. D. or other		Date of op.
Address Hagerstown, Md. Date thereof 5-13-47 (Burlal, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. Address Hagerstown, Md. 22. VtoLENCE: tf death was due to externat causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Address Hagerstown, Md. 23. SIGNATURE Countable M. D. or other		Autopsy results.
Date thereof Date thereof (Burlal, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. Address Hagerstown, Md. 23. SIGNATURE Constant The Poslemble M. D. or other	Address Hagerstown, Md.	
Cemetery or crematory Rose Hill Cemetery Where did Injury occur? (City or town) (County) (State) Location Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Meens of Injury Injured at work? Address Hagerstown, Md. 23. SIGNATURE County (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Occur? (City or town) (County) (State) Injured at work?	burial Date thereof 5-13-4	22. VIOLENCE: 11 death was due to external causes, fill in the following:
Hagerstown, Md. 18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. 23. SIGNATURE Cristan Jr. Poslemic M. D. or other	(Burlal, cremation, or removal. Which?) (month) (day	Where did Injury occur?
18. Funeral director. Scott F. Minnich & Son Meens of Injury Injured at work? Maddress Hagerstown, Md. 23. SIGNATURE. Example: M. D. or other		
18. Funeral director. Scott F. Minnien & Son Address Hagerstown, Md. Way 13 47 Blank Breveral 23. SIGNATURE Ernst F Poolents M. D. or other	LOCATION	latinged at work?
May 13 117 Blanting seral 23. SIGNATURE WILLIAM M. D. or other	18. Funeral director. SCOTT F. Minnich & SO	8
MODAL I S IL I STOM A MESSAGONE NOC COURS	Address Hagerstown, Md.	23 SIGNATURE Ornist F Poolemin
	19 May 13, 1947 - 6 Kont No	10000

MAY 15 1947 BUREAU V B

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MARYLAND STATE DEPARTMENT OF HEALTH

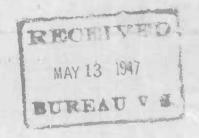
2411 N. Charles St., Baltimore 131-0

04433

CERTIFICATE OF DEATH

Dist. No. 30 Z

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wite Daniel Edward Smith 6.(c) It alive, give age 67 years 7. Birth date of deceased (mo., day, yr.) August 14, 1874	21. I CERTIFY that death occurred en the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 62 8 25	Due to.
11. Industry or business own home Industry or business own home	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Adam Smith Address Hagerstown, Md. 17 burial Date thereof 5-12-47 (Burial, cremution, or removal, Which?) (month) (day) (year) Cemetery or crematory Dunkard Cemetery Location Beaver Creek, Md. 48. Funeral director Scott F. Minnich & Son Address Hagerstown, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Hamanataun Ma	23. SIGNATURE M. D. or scriet Address A.



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VS A15

Wade

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DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

2 HIGHAL DESIDENCE (HOME) OF DECEASED.

04434

CERTIFICATE OF DEATH

eg. Diat. No. 30

1. PLACE OF DEATH;	(For newborn infants give residence of mother),
county Washington	State Washington county Washington
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Drago Life	City or town (If outside city or town lights, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Jrego P.O.
Treas md R.O.	((If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maria Saussas Smi	14
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. May - 10 - 19.47 213.30 P-1
6.(b) Name of husband or wife Cleannil Mullendone	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
Otto, Hamo or Management of Ma	may 6" 18.47 to may 10 18.47
7. Birth date of	and that I last saw house alive on many 10 th 1947
deceased (mo., day, yr.)	Immediair cause ol death
8. AGE: Years Months Days It less than one day	Con book Human hage 4 days
85 8 26hrs. min.	
8. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	
	Due to
11. Industry or business	
里 12. Name Madrew X Smith	Dther conditions
13. Birthplace Wash. C. md.	(Include pregnancy within 3 months of death)
# 14. Maiden name Sarah ann Ihomas	
F	Major findings ol operations
	Date of op.
16. Informant Mrs. Edgar Mullendore	Autopsy results
Address Frego md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
	Where did Injury occur?
Location Kohusille Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director CUM 2. Bast 9 Sow	Msans of Injury Injured at work?
Q 1	1 1 1 1 1 1 1 1
	23. SIGNATURE Description of made m. A
19. Mass 2 19. 47 Mm Stathmin Degraphers (Date rec'd by registrar) Registrar	M. D. or other
(Date rec'd by registrar) Registrar	Address Rosersteam nd Date signed 5711/47

MAY 16 1947 BUREAU V 8

MAY 20 1947 BURFAC F B LAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and

PLAINLY is especial

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

Dr. Wells

 	-	-				
	n	1	A	9	60	

			CERTIF	ICAT	E OF DEATH	Reg. Diat. No.	362
How long in above place Hospital, institution, or Washir	ngton gerstown utside eity or town lir of death?street address where dig ton Cou	nits, write RU eath occurred:	JRAL and give nearest to		2. USUAL RESIDENCE (HOME) (For newborn infents give residence of State	ts, write RURAL and give near	est town)
3. (a) FULL NAME						3. (b) Social Security N	lumber
L	ARS MARGA	RET E	LIZABETH S	TRALE	Y	None	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorce	d	MEDICAL C	ERTIFICATION	
Female	White	M	arried		20. DATE OF DEATH May 24,	19.47.,	at 3:30P
			Straley 4		21. I CERTIFY that death occurred on the date at	bove stated; that I attended decease	sed from
7. Birth date of	.Taa 7 ag	18, 19	906		and that I last saw halive on		19
deceased (mo., day, yr 8. AGE: Years 40	Months 10	Days 6	It less than one day	min.	acute cerebral		DURATION
1D. Usual occupation	Hous	ewife.	rrol Co. M		Due to		
11. Industry or business					Dther conditions		******************
3. Birthplace	New Wind	sor Mo			(Include pregnancy within 8	months of death)	
15. Birthplace	Westmin	ister	Md		piajor nouse, or operation		
	mes H. S				Autopsy resolts		
17Buria (Burial, cremation,	gerstown or removal. Which?) Rest. H	Date there	5/27/47 (month) (day) (22. VIOLENCE: If death was due to external confident, suicide, or homicide	auses, fill in the following:	
				- 11	Injured at home. farm, Industry, public place ((State)
Location	Andraw		ffman	11	Means of Injury	Injured at work?	
	gerstown		los/f,Doc	vene,	23. SIGNATURE NO POLICE T	DEPUTY 21 WASH. M. D. Signed	-1- /
(Date rec pt by re)							

MAY 28 1947
BUREAU V S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

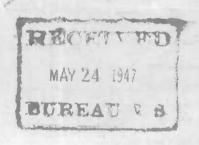
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEA	State Mary	Hage outside city or to 444 W.	country town limits Wasl	mother) Was	hing to	rest town)			
3. (a) FULL NAMI		-	D 64				3. (b) So	cial Security	Number
			Catherine B. St	rong					
4. Sex	5. Color or race		e, married, widowed, or divorced				ERTIFICA		= ~
Female	White	1	dowed	2D. DATE DE DEATH	Ma.	У	ТА	19	, 5 p
6.(b) Name of husband	or wife Sam	uel 1	. Strong	21. 1 CARTIFY that d	leath ocurred on t	the date abo	y stated: The	t I attended dece	aged from
			c) If alive, give ageyear			3	-		1947
7. Birth date of deceased (mo., day, y	A 22 cm	18,		and that I last saw h		·····	coy	1	18
8. AGE: Years		Days	If less than one day	Immediais cause of	aute &	ord	es la	lue	Hary
96	9	1	hrsmin	I N	lugar	y D	Low	~ due to	4days
9. Sirthplace	Franklin	Co.		Due to.	al taily	Ly ev	dently of	ear of	frue 10
o. Gittipleco	(Town,	eounty, and	state)	750	u sen	win	left ver	tricle	Bank Baning
10. Usual occupation	***************************************	ne		Due to		/	17/2/47	, where	Jan. 13, 1947
11. Industry or busines:	Samuel		ev					*****************	
12. Name	State I			Dther conditions		***********			£ * * * * * * * * * * * * * * * * * * *
≦ 13. Birthplace				(In	clude pregnancy	within 8	months of deat	th)	
14. Malden name.	ousan c			Major findings of o	perations				2
2 15. Birthpiace	. Near Gr		astle la.						
16. InformantEl	mme J. St	rong		Autopsy results					
Address Ha	gerstown	Md.		PHYSICIAN: Pleas					statisticasiy.
Cemetery or cremato	, or removal. Which?) Ro Ha	agers	5-22-47 (month) (day) (year) ill Cemetery town Md.	22. VIOLENCE: If Accident, suicide, or Where did Injury oc	r homicide	or town)	(C)	Date of	(State)
18. Funeral director	Scott Hagers	town	nnich & Son	Means of injury	Horas	Jy	20ge	red at work?	
19. May Z	21 18 4 7	- 6×	estff/fowers, Registra	Mag	entri	nt h	14	M. D Date signed.	5-20 47



ADING INK. Supply every item of Physicians: please write the causes

important.

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Conrad

04438 Reg. Diat. No. 305

OF DEATH

			CERTIFIC	ATI	E OF DEATH	Reg. Di
City or town (117 How long in above place Hospital, institution, (Md. S	shington reathedsx: outside city or town lim ce of death?	on the eath occurred	ry for Males		2. USUAI. RESIDENCE (HOM (For newborn infants give reside Virginia City or town Alexand (If outside city or town 1519 King (If rura 2.(a) If veteran, name war None	county Fair lria n limits, write RURAL St
3. (a) FULL NAM						3. (b) Socia
JAMES 4. Sex Male	LEO TAYLOR 5. Color or race White	6.(a)Single	e, married, widowed, or divorced	V Constitution	MEDICA 20. DATE DF DEATH May 15	L CERTIFICAT
6.(b) Name of husban 7. Birth date of deceased (mo., day 8. AGE: Yea	, yr.) May 14	6.(e) If alive, give age	years	21. I CERTIFY that death occurred on the common and that I last saw h	1947 10 M 5-15
1D. Usual occupation	Labor	ounty, and a			Due to.	ylukeion
13. Birlhplace H 14. Malden name 15. Birthplace	Alexandi Catheri Alexand	ria V ine W dria	a, illiamson Va,		Other conditions	thin 3 months of death)
Address Buria	anes A. Ta Alexandi l on, or removal. Which?)	ria V)	Autopsy results	e to which death should rnal causes, fill in the foll
Cemetery or crema Location	arlugte	K. C	Uirginia offman		Where did Injury occur?(City or Injured at home, farm, Industry, public pi	lace (where?)
Address 19. May (Date rec'd by	16. 1947 registrar)	Λ	lu & Bast	istrar	23. SIGNATURE OLEKT	y Ma

***************************************	State Virginia County Fairf	ax
wn)	Alexendria	
	(If outside city or town limits, write RURAL and Street No. 1519 King St	give nearest town)
es	(If rural, give LOCATION) None 2.(a) If veteran, name war	
		ecurity Number
ed	MEDICAL CERTIFICATION	ON P
	20. DATE OF DEATH May 15 1947 16	5 N
••••	21. I CERTIFY that death occurred on the date above stated; that latter	7 15 1947
years	and that I last saw h. Luxalive on 5-15	1947
	Immediate cause of death	DURATION
min.	Pulmonary tukerans	vis 6 montes
•	Due to	************
	Due to	
	Due to	
	Other conditions	
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
	Antopsy results	ор
	PHYSICIAN: Please underline the cause to which death should be	charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following	
year)	Accident, suicide, or homicide	
	Where did Injury occur?	
	Means of Injury	
	22 SIGNATURE Role P. Cour	ad, www
L		M. D. or other
Registrar	Address HagaisTrury, My Date	e signed. D

RECEIVEDMAY 22 1947

BYTHE APT

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04439

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	
City or town (If odtside city or town limits, write RURAL and give nearest town)	State Maryland County Urashington City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred:	Street No. 3 ovustno mdi
13 ooustors ma	(If rursl, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Haves Joy.	none
4. Sex 5. Color or rate 6.(a)Single, married widowed, or divorced	MEDICAL CERTIFICATION
male hegro married	20. DATE OF DEATH MAY - 2 - 1947 at 10.45 4 4
6.(6) Name of husband or wife. Elizabeth Joy!	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nuspand of wife	7. long 8 1947, 10 may 2 1947
T. Birth date of	and that I last saw h. John Alive on many 1 - 19.47
deceased (mo., day, yr.) May - 9 - 1870	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 2 may 2 4 day
76 11 24hrsmin.	
9. Birthplace Middletour 2 red. Co. md.	Que to
(Town, county, and state)	
10. Usual occupation	Due to
1t. Industry or business	
12. Name Saruel Jay 13. Birthplace 3red Co. md	Other conditions
13. Birthplace 3red. Co. md.	
~	(Include pregnancy within 3 months of death)
Harman Carry 14. Maiden name Carry 14. Maiden name Carry 15.	Major fiediogs of operations
15. Birthplace Fred. C. md.	Qate of op.
16. Interment Mrs. Elizabeth Joy	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 13 ooudling md.	22. VfOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory 3 0 0 walong Cerutary	Where did injury occur?
Location Boouston md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Com 7 Bat 4 Sons	Means of Injury Injured at work?
Address Bourston Md	6/1/2/201
· · · · · · · · · · · · · · · · · · ·	23. SIGNATURE TO M. D. or other
19. May - 5 - 19.47 John W. Registrar	Address Bourland Ind Date signed 5/3/47



WRITE

PLEASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH.

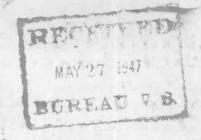
2411 N. Charles St., Baltimore

1200

04441

CERTIFICATE OF DEATH

CERTITICAL	Reg. Dist. No.
County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State MATY AND County W25h N9 TON City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME 1	3. (b) Social Security Number 705-05-9178 MEDICAL CERTIFICATION 20. DATE OF DEATH. May 2 2 1947 21 2:02
6.(b) Name of husband or wife. Goldie Stoney Ward 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Sept. 22, 1881 8. AGE: Years Months Days If less than one day 65 8 0 hrs. min.	21. I CERTIFY that death occurred on the daye above slated; that I attended deceased from 19
9. Birthplace Fultox Co. Penna. (Town, county, and state) 10. Usual occupation Retired Railroader 11. Industry or business 12. Name Sum on Ward 13. Birthplace Rabinson ville Bedford Ca. Penna.	Due to ileum 30 inches from ileocecal valve) Due to acute peritonitis Diher conditions
14. Maiden name SATAL Flawers 15. Birthplace Virginia 16. Informant Mrs. Greneva Hobday Address Borkeley Springs W. Va.	(Include pregnancy within 8 months of death) Major findings of operations
17. Built a Bate thereft May 25 194 (Burial, cremation, or removal, Which?) Cemetery or Buck Valley Methodist Location Buck Valley, Fulton Co., Penna. 18. Funeral director. Clarke S.R. Bast	Accident, suicide, or homicide. N.O
Address Hancock Md 19 May 24 19 47 Charthowerd (Date reckl by registrar) Registrar	Address Has extoron, hid Date signify 23/4



2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Bownan

(14442 Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
City or town	Slate West Virgina acousty Mineral City or town Keyser (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 2 Days	Street No. E. Armstrong St. (If rural, give LOCATION) 2.(a) If veleran, name war None			
3.(a) FULL NAME KEITH BELMONT WELCH JR.	3. (b) Social Security Number None			
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Single	2D. DATE OF DEATH May 9, 19.47 at 11:3			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. and that I last saw h according to the date above stated; that I attended deceased from 19. 4.7.			
8. AGE: Years Months Days It less than one day 2hrsmin.	Immediate cause of death DURATION Belateral DURATION			
9. Birthplace Hagerstown Washington Co. Md. (Town, county, and state)	Due to			
11. Industry or business 12. Name Keith Belmont Welch	Other conditions			
14. Maiden name Floretta Shirley	(Include pregnancy within 3 months of death) Major fieldings of operations.			
16. Informant Keith B. Welch	Autopsy results. Autops			
Address Keyser W. Va. 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemelery or crematory Rose Hill Cemetery	Where did injury occur?			
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?)			
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work? H.D. Bowman			
Address Hagerstown Md.	23 SIGNATURE I Sommany M			

WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly

FOR BINDING

RESERVED

MAY 13 1947

BUREAU V S



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

181

CERTIFICATE OF DEATH

04443

		V		Reg. Dist. No	
City or town(I How long in above pla Hospital, institution, Washi	Lshington lagerstowi foutside city or town or street address where ngton Cor or institution? 12	imits, write RURAL and give nearest town) Years death occurred: Inty Hospital hours Ster Garry Weller	City or town	Washington write RURAL and give nes	srest town)
4. Sex Male	5. Color or race White	6.(a)Single, married, wildowed, or divorced Single	MEDICAL CEI	RTIFICATION E. 947 6:40	4.
7. Birth date of deceased (mo., da	April	25, 1944 Days If less than one day 22 hrs.	and that I last saw halive on		DURATION
10. Usual occupation 11. Industry or busin 12. Name	None Resley H Hancock,	eounty, and state) Weller Md.	shoulders & up	per arms f lungs	
14. Malden name. Vesta Keefer 15. Birthplace Hancock, Md.			Major fiediogs of operations		
Address 111 17 Buri (Burial, cremati	.2 Pope Av al on, or removal, Which	Me Hagerstown, M Date thereof May 20, 19 (month) (day) (year eth Cemetery	PHYSICIAN: Please onderline the cause to which 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide Where did injury occur?	ch death shoold be charged es, fill in the following; Oate of County)	statistically.
Location Near Hancock, Md. 18. Funeral director Snyder-Rowland Funeral Home Address Hancock, Md. 19. May 20, 1947 Plassff Dowers,				DEPUTY MED	ICAL EXAM

MAY 22 1947 BURLAU C S.

J. .

MARYLAND STATE DEPARTMENT OF HEALTH &

2411 N. Charles St., Baltimore

460

04445

CERTIFICATE OF DEATH

or Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyWashington	The state of the s		
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington		
How long in above place of death? 15 years	Cily or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 722 Oak Hill Avenue		
722 Oak Hill Avenue	Street No. (If rural, give LOCATION)		
Now long in hospital or institution?	2.(α) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ardella McDonald Willis	none		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE DE DEATH May 2 4 19 47 at 6:10 A		
6.(b) Name of husband or wife Clarence E. Willis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	april 9 19 47 10 may 24 18 4		
6.(c) It alive, give ageyears	and that I last saw h en alive on may 23 19 4		
deceased (mo., day, yr.) November 22, 1890	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Carcinoma I ransnerse		
56 6 2hrsmin.	Calon will Estention		
Tefferson Co. W. Va.	to lines 1943		
9. Birthplace Jefferson Co. W. Va. (Town, county, and atste)	Due 10.		
10. Usual occupation			
	Due to		
11. industry or business			
12. Name Robert Vincent McDonald 13. Birthplace Jefferson Co. W. Va.	Diher conditions		
13. Birthplace Jefferson Co. W. Va.	(Include pregnancy within 8 months of death)		
Anna Maxine West 14. Maiden name. Jefferson Co. W. Va.	an al mal		
Jefferson Co. W. Va.	Major findings of operations. as about		
	Date of op.		
16. Informant Mics Jane Willis	Aotopsy results		
Address Hagerstown Maryland	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
** Pure 97	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
17. Burial Date thereof 5-26-47 (month) (day) (year)	Accident, suicide, or homicide,		
Cemetery or crematory Edge Hill Cemetery	Where did Injury occur?		
Location Charlestown, W. Va.	Injured at home, farm, industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of injury Injured at work?		
Address Hagerstown, Maryland	23. SIGNATURE Ah, Corlespeld Mil.		
10 May 26. 1947 Charthowers,	1 3 6 10 10 respensation M. D. or other # 121/10		
(Date rec'd by registrar) Registrar	Address Date signed 2. 4.		



ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

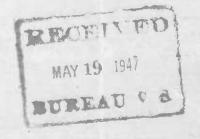
2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No. 302

City or town(If o How long in above place Hospital, institution, or	Hasi Lag (utside eity or town lin of death?	ТУ	WM RURAL and give nearest town) 은 3. T	City or lown(1f o	ENCE (HOME) Infants give residence of and Hagers to outside city or town limits 10 Summit	WII its, write RURA		
		12	years Hours	0 (-) 161		ve LOCATION)		
How long in hospital or 3. (a) FULL NAME				. 2.(a) if veteran, name	war		cial Security	VL
3. (a) 1 OLL IVAINA		Car	1 S. Wittmer	Sr.			20-557	
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL C	1		
Male	White		rried	20. DATE OF DEATH	May			1:10a
6.(6) Name of husband	Saral	h J.	Wittmer	21. I CERTIFY that dea	ath occurred on the date a	bove stated; that	1 attended decea	sed from
7. Birth date of	Δ: το-	6.(c) If alive, give age	and that I last saw h.l.	Tm. alive on M.	ay 16	<i>, U</i>	19.4.7
deceased (mo., day, y 8. AGE: Years	1./	Days	If less than one day	Immediate cause of d	leath			DURATION
6.9	1	6	hrsmin	. arki	eral hem	io Unina	ge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. Birthplace Mar	rietta (Town, C	Lan.	Pa a	Due to Orte	rso sch	erosi	22	
11, Industry or business	Vanle	Trus	t Co.	Due to		****		***************************************
12. Name	Jacob L. shington	Boro C. Su	ugh Pa.	(Incl	ude pregnancy within 3	3 months of deat		
16. Informant Ca	rl S. Wi	Md.		Antopsy results PHYSICIAN: Please	underline the cause to	which death show	uld be charged	
Burial (Burial, cremation,	on name and Which?)	Date ther	cenetery	Accident, suicide, or h	oath was due to external commicide		Date of	
Location	York	±8.		Injured at home, farm,	, Industry, public place ((where?)		
18. Funeral director Address	Scott F Hagers	. Min	nich & Son	Means of Injury 23. SIGNATURE	AVS	Injura 19 Cal	ed at work?	1 D
19. (Date rec'h by re	2 19 4	lok	Registra	Address	guff h	-14	Dat signed	



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(4447 47 Reg. Dist. No. 322

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Paramount Maryland (If outside city or town limits, write RURAL and give nearest town)	Stafe Maryland county Washington		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	(If outside city or town limits, write RUKAL and give nearest town) Rural #4 Street No. Rural #4		
Paramount, Maryland	Street No. ((If rural, give LOCATION) World War #1		
How long in hospital or institution?	2.(a) If veteran, name war WOTIQ WAT #1		
3. (a) FULL NAME	3. (b) Social Security Number		
William Cook Wolfinger	215-26-2258		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about		
Male White Married	20. DATE OF DEATH May 5 1947 at 3:30		
5.(b) Name of husband or wife Margaret M. Wolfinger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased the DS		
6,(c) If alive, give age 45 years	19		
7. Birth date of Tear 7 1999	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
49 0 4hrsmin.	Acute coronary occlusion 2 hrs		
9. 8irfhplace Hagerstown Wah. Co. Md. (Town, county, and state)	Due fo		
(Town, county, and state) 10. Usual occupation. Farmer			
	Due to		
11. Industry or business 12. Name Scott M. Wolfinger			
12. Name Scott M. Wolfinger 13. Birthplace Hagerstown, Maryland	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name	Major findings of operations		
14. Maiden name Mary A. Spielman 15. Birthplace Hagerstown, Maryland Mrs. William C. Wolfinger	Date of op.		
16. Informant WIS. WIIIIam V. MOZIIIIgoI	Antopsy results		
Address Paramount, Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17 Burial Date thereof 5.7 47 (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Hagerstown, Maryland	(City or town) (County) (State)		
G of Gotoo 9 Good	Meens of Injury Injured at work?		
18. Funeral director. C. M. Suter & Sons	11/0-11		
Address Hagerstown, Maryland	22 May Ville		
19 May 6. 1947 phast Gowers,	Harmtowy Wed May 5 4		

RECEIVED MAY 8 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County Washington City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Weeks Hospital, institution, or sireet address where death occurred: Washington County Hospital How long in hospital or institution? 3 Weeks	2. USUAL PESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) State Maryland County Washing ton City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) Street No. 1104 Hamilton Blvd. (If rural, give LOCATION) 2.(a) If veleran, name war. None
3. (a) FULL NAME MRS ANNA WARNOCK YOUNG	3. (b) Social Security Number None
Female 5. Color or race 6.(a) Single, married, widowed, or divorced White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 4, 19 47, all: # DP. N
6.(6) Name of husband or wife Stephen 6.(c) If alive, give age 60 years 7. Birth date of deceased (mo., day, yr.) March 30, 1870 8. AGE: Years Months Days If less than one day 77 1 4 hrs min. 9. Birthplace Pittsburgh Allegany Co. Pa. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business Own Home 12. Name No Record 13. Birthplace No Record 14. Maiden name No Record	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 19. 4 7 10. 7/10. 4 19. 4 1
14. Maiden name No Record 15. Birthplace No Record 16. Informant Mrs. Marie W. Eldridge Address Hagerstown Md. 17. Burial Date thereof 5/7/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Ross Hill Cemetery Location Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. 19. May 5/1947 Bushflowers Registrar	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur?

BINDING FOR RESERVED MARGIN ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WITH UNFA

especially

PLEASE

RECEIVED MAY 7 1947 BUREAU 6

This Designate of The day